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ABSTRACT

The GOAL ONE Project of the National Association for the Education of Young Children (NAEYC) is designed to ensure that children have access to an environment that provides a foundation for school success. GOAL ONE is a national project involving model, community-based, collaborative programs that provide a nurturing environment for children whose families have few resources. This resource directory was compiled as part of the GOAL ONE Project. The programs listed range from small grassroots efforts to broad statewide initiatives. Many of the programs respond to special needs and cultural experiences of families. The bulk of the document consists of profiles of 88 programs in 32 states and the District of Columbia. Each of the profiles includes: (1) the name of the sponsoring agency; (2) the contact person, address, and phone number; (3) an indication of the population served by the program and the program's funding source; and (4) descriptions of the program's operation and effectiveness. Appended materials include an annotated list of resource groups, descriptions of seven federal programs that serve children, and a 15-item bibliography. (BC)

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# GOAL ONE

## *Resource Directory*

## Fall 1991

A resource directory of selected community-based, collaborative efforts
to improve comprehensive service delivery
to young children and their families

Compiled by
Elizabeth A. Ford

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# *Preface to the Fall 1991 Directory*

As the nation's largest association of early childhood professionals, NAEYC is dedicated to improving the quality of early childhood services available to young children and their families. For more than 65 years, the Association has strived to improve the professional practice of those working for and with young children and to build public understanding and support for high quality early childhood programs.

Never has the need for high quality services for young children been greater. Today children constitute a larger percentage of those in poverty than any other age group. The recent National Commission on Children report, *Beyond Rhetoric: A New American Agenda for Children and Families*, describes the abysmal fashion in which this nation has failed to address the needs of too many children whose families lack access to the most basic needs—shelter,food, and social support.

As a nation we increasingly recognize the results of this early neglect, especially on children's ability to effectively function in school. The recently adopted National Education Goals stress readiness as the first goal: "By the year 2000, all children will enter school ready to learn." As decisions are made about how progress on this goal will be measured, different points of view have emerged in the debate. Some would employ a "sort and separate" approach, identifying those children who fail certain measures upon school entry and then assigning them to special services. This approach essentially blames children and ignores the importance of ensuring that all children enjoy a growth-enhancing environment in their early formative years. Others recognize the need to ensure that children and their families have early access to the services and support needed for successful child rearing, to emphasize prevention not repair.

As the readiness debate goes on, too many children continue to lack access to the basic services and support needed for a healthy, nurturing environment. NAEYC will continue to be actively involved in the debate about the readiness goal and effective measures. At the same time, the Association is launching the GOAL ONE Project, designed to take specific action to ensure that more children have access to a nurturing environment that provides a good foundation for school success. The GOAL ONE Project is a national project of model, community-based, collaborative programs targeted to those children whose families currently have the least access to the basic resources needed to provide a nurturing environment that helps children thrive. Funded by the W.K. Kellogg Foundation, the models of the GOAL ONE Project should provide valuable information regarding how to more effectively provide basic, comprehensive services to children and their families.

As the number of projects listed in this directory attest, a community-based, collaborative approach to comprehensive service delivery for children and their families is not unique. The NAEYC GOAL ONE Project will draw upon the expertise and knowledge of individuals and organizations already involved in such efforts. NAEYC will bring this knowledge and expertise regarding early

childhood service delivery and these strategies to promote practitioner knowledge and public support in other areas. In addition to supporting the implementation of specific model projects, NAEYC will disseminate information and resources about such approaches and work to build public understanding and support for the need to provide up-front services to young children and their families rather than allowing children to suffer and then blaming them for failing to make the grade.

We have compiled this resource directory as the first step in the GOAL ONE Project. It is designed for those interested in starting or expanding such services as well as for those advocating for more of those types of services. We hope it will be a valuable tool for early childhood teachers and directors, public school teachers and administrators, resource and referral personnel, family support specialists, health practitioners, social workers, community leaders, policy makers, and others.

The projects reflect a wide range of endeavors, from very small, grass-roots efforts to broad statewide initiatives. Many of the projects have unique characteristics designed to be responsive to the characteristics, cultural experiences, and special needs of the setting and the families served. Each of the projects serves children and families with the least access to resources, whether in inner-city ghettos and barrios; rural areas in Appalachia, the Mississippi Delta, and beyond; the colonias of the Texas and California borders; or the pueblos and reservations of Native American communities. We hope that the short description of the projects will pique your interest and stimulate further thinking. All of the organizations listed have agreed to respond to requests for further information. An annotated list of resource groups and federal programs and a bibliography are also included for further reference.

The projects listed here are included for information purposes only; inclusion in the directory does not imply endorsement by NAEYC. The list is designed as a sampling; it is not all inclusive. Future editions of the directory will include additional listings. We welcome suggestions regarding projects for potential inclusion as well as other feedback. Comments and suggestions should be directed to GOAL ONE Project Director, NAEYC, 1834 Connecticut Avenue, N.W., Washington, DC 20009 or call 202-232-8777 or 800-424-2460.

NAEYC wishes to express appreciation to the many individuals, agencies, and organizations that provided information for this directory.

# *Project Profiles*

# *Alabama*

## Head Start Health Objectives 2000 Project

**Agency** Jefferson County Committee for Economic Opportunity

**Contact person(s)** Gayle Cunningham, Executive Director

**Address** 2101 West Daniel Payne Drive
Birmingham, AL 35214

**Telephone** 205-791-2040

**Population served** Minority, low-income families eligible for Head Start

**Funding source(s)** Partial Head Start funding

**Program description** This project was created to develop a health plan for each Head Start family in Jefferson County to control identified risk factors; advise each family on hazards, prevention, and desirable health practices; and monitor the progress of each Head Start family in their implementation of the designed health plan. Some examples of this project's health goals are (1) to reduce cigarette smoking of Head Start families; (2) to reduce alcohol and drug abuse in families by 30%; (3) to reduce infant mortality and low birth weight through education, information, and monitoring of prenatal care; (4) to reduce coronary heart disease and increase the control of high blood pressure through encouragement of exercise and healthy diet habits; (5) to confine HIV infection to smaller populations through information to families; and (6) to reduce gonorrhea infection and syphilis infection through education and monitoring of Head Start families. Project staff will select several priority health areas to assist Head Start families in developing preventive practices through health education, experiences, resources, and support.

**Program effectiveness** Although the project is still developmental, a number of creative initiatives have been developed to meet the needs of this targeted population, such as comprehensive training for classroom teachers on children's health and education issues; a 30-second video on health and safety topics available for parents when signing in children at the child care centers; and health tips highlighted in the Head Start newsletter that is distributed to parents.

# *Alabama*

## RAPIH
## (Rural Alabama Pregnancy and Infancy Health Program)

**Agency** West Alabama Health Services

**Contact person(s)** Sandral Hullett, M.D., Director

**Address** P.O. Box 711
Eutaw, AL 35462

**Telephone** 205-372-3674 or 205-372-3281

**Population served** Minority, rural, low-income community with an infant mortality rate of 36%; 86% unplanned pregnancies; 37% teen-age pregnancy

**Funding source(s)** Perinatal grants and Ford Foundation

**Program description** The Rural Alabama Pregnancy and Infancy Health Program is a home-visiting program for young Black mothers in several of the lowest-income counties of rural western Alabama. The visiting is done by a team of women, known as *lay helpers*, who live in the same counties. The lay helpers are given training and support from a supervisor whose background is in human development. Program participants receive comprehensive prenatal care through the sponsoring community health clinic, including regular prenatal education classes. A tracking system flags missed appointments and gaps in health care on a case-by-case basis. Initially the home visitors reviewed information presented in the prenatal classes but participants became bored by the repetition. The home-visiting format was modified to focus on other concerns—changes that occur during pregnancy, feelings, and plans for the future. The goal is to form a trusting bond that will enable the home visitor to provide emotional support and encourage the adolescent mother to assume responsibility for her own life. The project is operated by West Alabama Health Services, Inc., a well-respected system of nonprofit community health care serving this area.

**Program effectiveness** According to the director, the program has taught group confidence, instilled trust, and developed a support system not only for the young mothers but for the home visitors as well. The new program has also helped to improve health care education in the community.

# *Arizona*

## Health Start Prenatal Outreach Program (Un Comienzo Sano)

**Agency**
Arizona Department of Health Services

**Contact person(s)**
Jane Pearson, Chief
Susan E. McCraw Helms, Communications Consultant

**Address**
Office of Maternal and Child Health
Arizona Department of Health Services
1740 W. Adams, Rm. 200
Phoenix, AZ 85007

**Telephone**
602-542-1870

**Population served**
Low-income, pregnant women; with priority given to Native American, Afro-American, and Hispanic women

**Funding source(s)**
Federal Maternal Child Health Block Grant, state appropriation grant, and Honeywell Corporation

**Program description**
Health Start is a prenatal outreach program, administered by the Arizona Department of Health Services, designed to get low-income pregnant women into early prenatal care. The program employs lay health workers who live in communities with high-risk rates of inadequate prenatal care. The workers reflect the ethnic, cultural, linguistic, and socioeconomic makeup of the neighborhoods they serve. The role of the lay health worker is to (1) identify pregnant women in their neighborhoods; (2) convince women of the importance of prenatal care and assist them in accessing care; (3) serve as a guide through the application process and act as an advocate when necessary; (4) connect women with community resources to fill other social service needs, especially with the Women, Infants and Children (WIC) supplemental food program; (5) provide basic prenatal education through home visits and classes; and (6) promote primary health care for children. The Department of Human Services issues contracts to local health or community agencies serving in high-risk communities and has the capability to implement a community-based, non-clinical program.

**Program effectiveness**
The Health Start program is a successful and effective way of addressing the problem of inadequate prenatal care in Arizona's low-income and minority communities.

# *Arizona*

## Parent Support Network for Urban Native American Families

**Agency** Family Lifeline

**Contact person(s)** Michele R. Keal, Executive Director

**Address** 2701 N. 16th Street, Suite 316
Phoenix, AZ 85006

**Telephone** 602-248-0428

**Population served** Rural and urban parts of Arizona. The emphasis for the past 3 years has been on development of services on reservations. A high rate of alcoholism and unemployment is prevalent statewide among the 15 Arizona tribes.

**Funding source(s)** Parents Anonymous of Arizona receives funding from state behavioral health entities, Navajo Way, the Wallace Foundation, Nancy Reagan Foundation, The Governor's Office of Drug Policy, private contributions and in-kind donations.

**Program description** The Parent Support Network for Urban Native American Families provides three types of family support services: (1) a peer self-help support group where parents share their frustrations of parenthood, discuss their own childhood, and share their expectations for their children; (2) a home-visiting program where volunteer parent-aides make visits on a limited basis to provide support services; and (3) a 12-week parenting education class in which the whole family participates. The class is for parents with children ages 4 to 12, teen parents and their babies, and parents with their adolescents.

**Program effectiveness** The program has successfully modified the Parents Anonymous model to meet the specific needs of Native Americans. The program has also adapted the Nurturing Children's Program located in Pennsylvania.

# *Arizona*

## Success By 6

**Agency** Children's Action Alliance

**Contact person(s)** Carol Kamin, Executive Director
Patty Briggs, Project Director

**Address** 4001 North Third Street, Suite 160
Phoenix, AZ 85012

**Telephone** 602-266-0707

**Population served** At-risk children, birth through age 6 and their families

**Funding source(s)** Honeywell, U.S.West, and *The Arizona Republic/The Phoenix Gazette*

**Program description** Success By 6 is a collaborative initiative to ensure that all of Arizona's children are ready for success in school by age 6. The program supports existing efforts to (1) improve the quality of programs and services for at-risk young children and their families; (2) increase the supply of quality, affordable programs and services for the targeted population; (3) increase public awareness of the crisis in Arizona and the cost-effectiveness of prevention; (4) strengthen community leadership on early childhood development issues; and (5) build a broad, bipartisan legislative agenda on early childhood development issues.

**Program effectiveness** Success By 6 in Arizona has played a major role in increasing the interest of the private and public sectors in early childhood programs for at-risk young children. Program accomplishments over the past 18 months include advocacy efforts resulting in the development of a 4-year pilot preschool project for at-risk, 4-year-old children and the creation of a private-public partnership in support of Health Start, a prenatal outreach program for low-income pregnant women.

# *Arkansas*

## Family Centered, Community-Based Care Coordination for Children with Special Health Care Needs in the Arkansas Delta

**Agency** Arkansas Department of Human Services

**Contact person(s)** Nancy Church, Administrator/Project Director

**Address** Arkansas Department of Human Services
Division of Economic and Medical Services
Children's Medical Services
P.O. Box 1437—Slot 526
Little Rock, AR 72203

**Telephone** 501-682-8224

**Population served** Rural, low-income residents of Arkansas/Mississippi Delta region who suffer from chronic illnesses, extreme poverty, and lack of education

**Funding source(s)** Department of Human Services

**Program description** The goal of the project is to improve the health status of children with special health care needs in three of the most impoverished counties in the Arkansas Delta. This is done by providing culturally sensitive, family-centered care coordination in a community-based setting so that children receive all the medical, nutritional, and socioeconomic services they need. The project also empowers parents to become their children's own best case managers.

**Program effectiveness** The current case manager-client ratio is 1:293 for nurse case managers and 1:1,790 for social workers and nutritionists. Despite these numbers the program has been able to meet the needs of some of the families very successfully. Additional funding is needed in order to reach the optimal ratio of 1:50 for this community.

# *Arkansas*

## HIPPY
## (Home Instruction Program for Preschool Youngsters)

**Agency**

Arkansas Governor's Office
National Council of Jewish Women in New York

**Contact person(s)**

Ann Kamps, Special Assistant for Early Childhood Programs (Arkansas)
Miriam Westheimer, Director—HIPPY/USA

**Address**

Arkansas Governor's Office
Suite 205, State Capitol Building
Little Rock, AR 72201
501-682-2345

National Council of Jewish Women
HIPPY/USA
NCJW Center for the Child
53 West 23rd Street
New York, NY 10010
212-645-4048

**Population served**

Educationally disadvantaged families in rural Arkansas

**Funding source(s)**

Jobs Training Partnership Act (JTPA) Planning and Development funds, Save the Children Federation, Winthrop Rockefeller Foundation, The Children's Trust Fund, and others

**Program description**

The HIPPY program was designed in 1969 in Israel to examine the feasibility and effect of home-based educational intervention involving parents and their preschool children from educationally disadvantaged sectors of the country. The goal was to prepare immigrant children to enter the highly competitive Israeli educational system. HIPPY came to America in 1982 virtually unchanged. HIPPY/Arkansas began in 1986 with four pilot sites and currently has the largest number of programs of any state. The core HIPPY program consists of home visits every other week in which paraprofessionals, called *Parent Partners,* model activities that parents will work on at home with their children for a minimum of 15 minutes a day. On alternating weeks the parents gather for group meetings. The instructional program consists of packets of sequenced curriculum materials that concentrate on language development, discrimination skills, and problem solving.

**Program effectiveness**

In a study examining the effects of HIPPY on parents' literacy skills, parents' reading levels rose significantly after program participation (from a pretest grade level of 5.35 to 6.11 9 months later). Source: NCJW Center for the Child (September 1989). *HIPPY and literacy.* New York: Author.

# *Arkansas*

## Project WILL
## (Women in Laubach Literacy)

**Agency** Literacy Council of Jefferson County

**Contact person(s)** Patricia Reed, Project Coordinator

**Address** P.O. Box 1481
Pine Bluff, AR 71613

**Telephone** 501-536-7323

**Population served** Low-income women with young children living in rural and urban communities

**Funding source(s)** Arkansas State Department of Education—Adult Education Department, Public Transit Authority, and the Literacy Council of Jefferson County

**Program description** Project WILL is an intergenerational volunteer literacy program that offers one-to-one reading instruction to low-literate women while providing free child care and transportation. Project WILL is designed to help improve the lives of mothers and their children who are caught in the cycle of illiteracy and poverty. In order for women with young children (who make up the highest percentage of illiterate adults in this community) to participate and benefit from the program, transportation and child care must be provided. The Council pays for 5½ hours of bus service 2 days a week to and from participants' homes. The literacy classes are held at the local library in Pine Bluff 2 days a week. The *Laubach Way to Reading* series, a phonics-based curriculum that brings participants up to a fifth-grade reading level, is used in the tutoring sessions. Supplemental lesson material includes high-interest/low-reading level fiction and nonfiction materials, and crossword puzzle books. Two sessions are set aside for participants to discuss the book they are reading for their book discussion club. Once every 6 weeks, a mother from Project WILL visits the child care center and reads a book out loud to the children. Parents are encouraged to read to their children at home, as well. There is no limit to how long the women are allowed to participate in the program. Children can stay in child care up to age 12.

**Program effectiveness** Staff at Project WILL are convinced that the program has addressed a real need in their community, and that without the program, child care, and free transportation, many of the low-literate women in Pine Bluff would still be at home, detached from any opportunity to improve their lives.

# *California*

## Child Haven

**Agency** Same

**Contact person(s)** Gaile Shea-Everidge, Executive Director

**Address** 801 Empire Street
Fairfield, CA 94533

**Telephone** 707-425-5744

**Population served** Low-income, at-risk children and their families in Solanco County

**Funding source(s)** Private donations

**Program description** Founded in 1986, Child Haven works with the entire family to break the cycle of abuse and neglect and to prevent at-risk infants from being abused. These objectives are accomplished by identifying vulnerable families; assessing the cause of the problem on multiple levels; and intervening early, before negative patterns become ingrained. Child Haven's multi-disciplinary professional team includes infant-parent therapists, psychologists, play therapists, pediatric nurse interns, special education facilitators, and university-based practitioners. Child Haven reaches out to the most vulnerable in the Solanco community: pregnant teens and young mothers, parents of premature or low birth weight infants, parents with drug or alcohol problems, and emotionally unprepared parents who perceive their infants unrealistically.

**Program effectiveness** According to the director, Child Haven is hailed by experts in the field of infant development as the "new direction" in child abuse prevention and as a model program for other communities.

# *California*

## Fragile Infant Special Care Program ("Baby Moms")

**Agency** San Francisco Department of Social Services

**Contact person(s)** Don Cohon, Project Director

**Address** Maternal & Child Health Bureau Improvement and Demo Project
Fragile Infant Special Care Program—"Baby Moms"
P.O. Box 7988, H-000
San Francisco, CA 94120

**Telephone** 415-383-2273

**Population served** Low-income infants and toddlers who were born HIV positive or who have AIDS, as well as children with special medical care needs stemming from maternal drug or alcohol abuse during pregnancy

**Funding source(s)** Department of Social Services; seeking additional resources

**Program description** A pilot project established in 1987 in response to the increasing numbers of cocaine addicted babies placed in foster care in the San Francisco Bay Area. Using specialized foster homes, the "Baby Moms" program has cared for more than 50 infants with problems ranging from drug withdrawal and mild sequelae to symptomatic AIDS. The program provides the following services: (1) recruitment of foster parents who are willing to care for children 2 years of age and under who have tested positive for antibodies to HIV or who have been diagnosed with AIDS; (2) comprehensive training and education for each new foster parent; and (3) support for foster parents participating in this program to include respite care and counseling. The skills and professional caliber of the foster parents are central to the quality of care given to the infants. Because the children require 24-hour care, only two placement cases are permitted in each foster home at one time. Foster parents are required to take 50 hours of paid respite each month. The medical and psychological development status of the children are reviewed by a multi-disciplinary professional staff on a regular basis.

**Program effectiveness** The project currently has 18 specialized foster parents serving 36 children. "Baby Moms" has been successfully operating for 3 years and has cared for more than 50 infants during this time. According to the project director, this program has had a significant impact on the children and families it serves.

# *California*

## Los Niños

**Agency** Same

**Contact person(s)** Roque Barrios, Executive Director

**Address** 1330 Continental Street
San Ysidro, CA 92073

**Telephone** 619-661-6912

**Population served** Mexican and Mexican-American children and their families living in colonias along the California/Mexico border

**Funding source(s)** Nonprofit, volunteer organization supported by private and public funds

**Program description** Los Niños was founded in 1974 to better the lives of children along the California/Mexico border. Los Niños has developed successful projects that emphasis local needs and the importance of transferring skills to residents. Projects include (1) nutrition programs that teach parents about basic food requirements and help mothers plan menus and purchase food and supplies; (2) family gardens, established in several communities, that enable families to grow their own fruits and vegetables and improve their overall diet; (3) education and preschool programs at the Casa de Cuna Orphanage that houses more that 100 children ranging in age from newborn to 8 years. The core of Los Niños' work is handled by a dedicated international group of volunteers, called *promotores,* who live and work in the communities for a minimum of 1 year.

**Program effectiveness** Los Niños has provided comprehensive services to impoverished colonias for more than 15 years.

# *California*

## MORE for Infants and Families (Multiagency, Outreach, Referral, and Education)

**Agency** San Mateo County Department of Health Services

**Contact person(s)** Betsy Galligan, Project Manager

**Address** 515 East Poplar
San Mateo, CA 94401

**Telephone** 415-344-MORE

**Population served** Low-income, at-risk families with young children

**Funding source(s)** State Department of Developmental Services (P.L. 99-457, Part H)

**Program description** MORE for Infants and Families is a group of professionals and parents specializing in early intervention for handicapped and at-risk children (birth to 3 years) and their families.

Through the collaborative efforts of 17 agencies, such as the Peninsula Childrens Center and the Child Care Coordinating Council, MORE has produced three unique projects to address the needs of the target population in San Mateo County: (1) the Interagency Resource Center, a resource and referral agency for parents of handicapped and at-risk children. The goal of the center is to expedite access to early intervention services for families with special needs children; (2) a pilot for Substance Exposed Infants and their Mothers that includes a multidisciplinary approach to providing services to these families. MORE is supporting the efforts of the Interagency Perinatal Substance Abuse Team as it provides direct intervention services in the Ravenswood District of East Palo Alto; and (3) the Integrated Daycare Training Pilot, a program that provides skills to child care providers so they are better equipped to work with special-needs children.

**Program effectiveness** According to the Project Manager, MORE for Infants and Families is successfully meeting the needs of families in San Mateo County in a cost-efficient manner.

# *California*

## New Beginnings

**Agency** San Diego City Schools

**Contact person(s)** Jeanne Jehl, Administrator on Special Assignment

**Address** 4100 Normal Street
San Diego, CA 92103

**Telephone** 619-293-8371

**Population served** Inner-city, low-income minority children and their families

**Funding source(s)** An interagency collaboration involving the City and County of San Diego, San Diego City Schools, and San Diego Community College District

**Program description** This highly publicized comprehensive service project is in the implementation stage in San Diego. New Beginnings, located next to Hamilton Elementary School, offers a wide array of services to children and their families, including health care, social welfare services, counseling, and employment training. All families visit the center for school registration and are automatically introduced to the services available. The keystone of the New Beginnings design is its case management. Family Services Advocates, who are reassigned line workers from local social service and health agencies, are stationed full-time at the center. Though paid through their home agencies, these providers have caseloads exclusively made up of families from the Hamilton attendance area and meet regularly as a team to discuss policy and individual cases.

**Program effectiveness** The program has received attention for its extensive feasibility study—planners used foundation funding to conduct a needs assessment, station a pilot Family Services Advocate at the school, and determine the most effective strategies for improved service delivery. New Beginnings serves as one of the models for Governor Pete Wilson's statewide Healthy Start proposal.

# *California*

## Parents Helping Parents

**Agency** The National Center on Parent Directed Family Resource Centers

**Contact person(s)** Florene S. Poyadue, Director
Lynn Murphy, Assistant Director

**Address** 535 Race Street, Suite 220
San Jose, CA 95126

**Telephone** 408-288-5010

**Population served** Children with any kind of special need (mental, physical, emotional, or learning disabilities) and their families

**Funding source(s)** Diversified funding from United Way, Department of Social Services, foundations, and corporate grants

**Program description** Parents Helping Parents is a group of parents, professionals, and lay counselors who are aware of and committed to alleviating some of the problems, hardships, and concerns of families of children with special needs and for families who have suffered the loss of a child. The program goal is to develop well informed, assertive, caring parents and knowledgeable, sensitive professionals through support, information, and training. This goal is accomplished through the following services: (1) information packets; (2) peer counseling; (3) visiting parent program; (4) family rap and guidance sessions; and (5) Family Friends Respite Program.

**Program effectiveness** According to the director, Parents Helping Parents provides special-needs children with what they need most—special parents. The program has been used as a national model for effective parenting of children with special needs.

# *California*

## Project AHEAD
## (Accelerating Home Education and Development)

**Agency** Southern Christian Leadership Conference and the Los Angeles Unified School District

**Contact person(s)** Genethia Hayes, Director

**Address** Martin Luther King Legacy Foundation
4128 South Western Avenue
Los Angeles, CA 90062

**Telephone** 213-295-8582

**Population served** Predominantly Hispanic, Black, Asian, and other non-Anglo parents of children in prekindergarten through third grade

**Funding source(s)** State desegregation funds

**Program description** Project AHEAD is a parent-to-parent program with parent educators indigenous to the community making biweekly home visits and facilitating monthly parent cluster meetings in the schools. AHEAD's 100% minority staff match the race and ethnicity of their clients; meetings and materials are available in Spanish as well as English. The goals of Project AHEAD are to (1) increase parental participation in and responsibility for the ongoing educational development of their children; (2) develop an ongoing and positive attitude toward learning between parent and child; (3) promote effective school-home relations; and (4) improve student attitude toward learning. To achieve these goals, Project AHEAD provides five basic services: (1) home visits; (2) "appetizers" that offer learning activities for parents and children to do at home and are based on *Megaskills* (a home curriculum designed to build 10 skills crucial to children's success in school, e.g., confidence, responsibility, initiative, perseverance; (3) cluster meetings; (4) special events—a 1-day mid-year skills event that assesses children's performance level and skills that need improvement before the spring testing period; and (5) a community resource directory given to each family. Family educators are available to help families through the assistance network.

Participants in Project AHEAD are requested to make a 2-year commitment, which is sometimes difficult to achieve because families in this community are frequently mobile.

# *California*

## Therapeutic Infant/Toddler Care Program

**Agency** Pre-School Coordinating Council, Inc.

**Contact person(s)** Frances Greene, Executive Director

**Address** 1760 Chester Drive
Pittsburg, CA 94565

**Telephone** 415-439-2061

**Population served** Low-income, minority families living in the El Pueblo Public Housing Project. The Council also provides services to homeless children and their families.

**Funding source(s)** W.K. Kellogg Foundation, State Department of Education, county agencies, and numerous philanthropic organizations

**Program description** The Pre-School Coordinating Council, Inc. combines a preschool program for drug-affected infants and toddlers with a comprehensive before- and after-school program for children up to 11 years of age. A team of teachers, case managers, nurse practitioner, and family therapist uses information from public school teachers to assess the needs of children with academic, health, or behavioral problems. Staff work closely with parents to suggest home-based strategies, especially on effective parenting skills. The nurse practitioner maintains a close relationship with nearby Children's Hospital. She also spends time training the teaching staff on health-related areas.

**Program effectiveness** The Pre-School Coordinating Council, Inc. has been in existence since 1974 and was cited in *Better Homes and Gardens* (March 1990). The Therapeutic Infant and Toddler Care program was initially funded by the W.K. Kellogg Foundation. According to the executive director, the Council continues to meet a community need.

# *Colorado*

## CIP
## (The Community Infant Project)

**Agency** Boulder County Mental Health Center

**Contact person(s)** Barbara Miller, Director

**Address** 1333 Iris Avenue
Boulder, CO 80302

**Telephone** 303-443-8500

**Population served** Low-income mothers at risk for child abuse and neglect

**Funding source(s)** State and local funds

**Program description** The Community Infant Project (CIP) is a primary prevention and early intervention program designed to prevent or modify poor parental habits during the prenatal period and the infant's early years. The project takes a collaborative approach and brings together three agencies—social services, public health, and mental health—to help insure the health and development of infants, strengthen family development during the early parenting experience, and engage in community education about the importance of preventing child abuse and neglect of young children. To reach children early, families in the last trimester of pregnancy or those with infants younger than 6 months are encouraged to participate in the program. The staff is comprised of nurses, parent-infant therapists, and volunteers from the community who are specifically trained in problems of parent-infant relations. A unique aspect of this project is the reliance on home visits. These visits, rather than office visits, help both families and staff, as the mothers are much less likely to miss a scheduled appointment and feel much more comfortable in their home than in an office. Project staff assist mothers in learning about their childrens' emotional needs, how children can affect the family, and how to raise healthy babies. One underlying belief is that children's lives can improve only if their parents have confidence in their ability to raise them.

**Program effectiveness** The cost of serving families in the CIP program is less than that of families served by the Department of Social Services who did not receive early intervention services. According to the director the coordination among agencies has resulted in better use of existing resources and integrated plans of action to help families in crisis.

# *Colorado*

## Effective Parents Project

| | |
|---|---|
| **Agency** | Same |
| **Contact person(s)** | Cynthia Rhodes, Project Director |
| **Address** | 2232 North 9th Street, Suite 18<br>Grand Junction, CO 81501 |
| **Telephone** | 303-241-4068 |
| **Population served** | Low-income families with a percentage of Native Americans and Hispanic parents participating in the program |
| **Funding source(s)** | State of Colorado, United Way, Children's Trust Fund, Kiwanis International, and the March of Dimes |
| **Program description** | Effective Parents Project (EPP) provides comprehensive parenting training to families with multiple handicaps (biological as well as environmental). The program focuses on prevention. Home visitors provide support to parents enrolled in EPP. |
| **Program effectiveness** | An interagency group in Grand Junction chose the Effective Parenting Project as a way to meet the Part H requirements of P.L. 99-457. |

# *Colorado*

## First Impressions
## (Governor's Initiative on Early Childhood)

**Agency** State of Colorado

**Contact person(s)** Donna Chitwood, Director

**Address** First Impressions
136 Capitol Building
Denver, CO 80203

**Telephone** 303-866-2974

**Population served** Colorado's young children and their families

**Funding source(s)** Governor's Job Training funds and private foundations

**Program description** First Impressions is a statewide initiative developed to create awareness of the importance of the first 60 months of life and to encourage community responsiveness to the issues of young children and their families. Chaired by Colorado's First Lady, Bea Romer, First Impressions objectives are to (1) build community coalitions to address early childhood issues in local communities; (2) facilitate the development of solutions to the child care dilemma (a Business and Child Care Council has been appointed to increase the level of employer involvement in child care and to underline the relationship of child care to economic viability); and (3) conduct an early childhood public awareness campaign. By cooperating with many other agencies and organizations, materials are developed and distributed broadly. Materials include a birthday message sent to parents of all Colorado newborns and brochures promoting early childhood programs as an investment in the future. First Impressions has convened public meetings and rallies to call attention to the many concerns related to young children including health, safety, nutrition, parenting, and early childhood care and education.

**Program effectiveness** First Impressions was officially launched in June 1987 and played a key role in the passage of the School Finance Act for the state. This initiative has also helped people understand that children are important and that their first impressions constitute crucial perceptions about the world in which they live.

# *Colorado*

## Southern Ute Early Childhood Education Project

**Agency** Same

**Contact person(s)** Carolyn Topping, Principal
Mesa Elementary School

**Address** 1500 Sunset Blvd.
Boulder, CO 80304

**Telephone** 303-494-4704

**Population served** Southern Ute Tribe in Ignacio, Colorado

**Funding source(s)** Private contributions

**Program description** The purpose of the Early Childhood Education Packet Project is to develop equal opportunities for Indian children to achieve academic success in a traditional educational environment. The program emphasizes the following messages: that education starts at or before birth; what parents and caretakers do with their children helps them grow and develop as learners; and attitudes and values about education are formed prior to the children entering school. There are three early childhood packets: prenatal, pre-kindergarten, and pre-fourth grade. The prenatal packet is given to expectant mothers during their third trimester and consists of Indian flute music, Indian storybooks featuring Native American babies, an infant mobile of Native American design, written information about the importance of language, and a video of Southern Ute families talking about the importance of education and how they provide an educationally stimulating environment for their children. The Southern Ute Health Center distributes the prenatal packets and provides any necessary follow-up to new parents.

**Program effectiveness** The project is culturally specific, and community ownership has been an integral part of the concept throughout its existence.

# *Colorado*

## Ute Mountain Ute Family Resource and Day Care Center

**Agency** Public Service Administration and the Administration for Native Americans

**Contact person(s)** Hillary Tun-Atz, Program Director

**Address** Towaco, CO 81334

**Telephone** 303-565-3751

**Population served** Families residing on the Ute Mountain Reservation. Many are at-risk families due to excessive alcoholism, unemployment, single parenthood, and multigenerational foster care placement.

**Funding source(s)** State of Colorado and the Tribal Council

**Program description** The Day Care Center provides outreach services, full-day child care for infants and toddlers, and afternoon care for children in kindergarten or Head Start. Emergency drop-in care is available for children who are removed from the home or at risk for abuse. Age-appropriate and culturally sensitive activities are provided for the children in group care. The Family Resource Program provides classes for parents in first aid, parenting skills, and GED preparation. Home visits are an integral part of the program and enable staff to provide additional information to families on health, nutrition, and effective parenting techniques.

**Program effectiveness** The two components of the program (Family Resource and Day Care Center) have been operating since 1976. According to the program director the success of the program is based on its flexibility to meet family needs and maintain community-based representation and involvement at all levels.

# *Connecticut*

## Positive Parent—A Resource for Parents

**Agency** Save the Children-Inner Cities-Connecticut

**Contact person(s)** Frances Thompson, Program Manager

**Address** 350 Lafayette Street
Bridgeport, CT 06604

**Telephone** 203-336-2994

**Population served** Low-income, inner-city, minority parents

**Funding source(s)** Bridgeport Future Initiatives—a subcontract with Save the Children Federation

**Program description** The Positive Parent project (started in 1985) is a prevention/intervention model that provides information and parenting education workshops and encourages parents to get involved in their child's school. This project also provides opportunities for parents to form self-help groups and linkages to other services or groups.

**Program effectiveness** The program manager feels Positive Parent has made a significant contribution to the community and has lessened the incidence of child abuse for this target population.

# *Delaware*

## Delmarva Rural Ministries

**Agency** Same

**Contact person(s)** Debra Singletary, Executive Director

**Address** 26 Wyoming Avenue
Dover, DE 19901

**Telephone** 302-678-2000

**Population served** Seasonal and migrant farmworkers and their families

**Funding source(s)** Maternity and Infant Child Health grants and Public Health Services funds

**Program description** The Delmarva Rural Ministries has developed a maternity and infant child health care project for seasonal and migrant farmworkers and their families. The project is striving to reduce the target population's disproportionately high infant and fetal mortality rate and high incidence of low birth weight. Through the maternity and infant child heath project nursing, social work, and case management services are provided to pregnant women from this community. The Delmarva Rural Ministries health center also provides medical care for patients, since obstetrical services are in increasingly short supply.

**Program effectiveness** The Delmarva Rural Ministries project addresses many of the needs of this at-risk population but more services are needed. In 1987, 34% of the ministries' prenatal clients received either no care at all or no care until the last trimester of pregnancy, while a high proportion had medical complications. Since the prenatal program began in 1989, this number has significantly decreased.

# *District of Columbia*

## Chi Child Care Center
## ("Boarder Babies" Project)

**Agency** Howard University

**Contact person(s)** Raquel Palmer, Project Director

**Address** 1254 Meigs Place, N.E.
Washington, DC 20002

**Telephone** 202-388-8660

**Population served** Minority children who have been abandoned at local hospitals in Washington, D.C.

**Funding source(s)** A collaborative effort between Howard University, the Department of Human Services, and private contributions. The program is sponsored by the Chi Eta Phi Sorority—a nursing organization with many years of community service.

**Program description** The Chi Child Care Center is a transitional foster care facility that provides a homelike environment for children abandoned in local hospitals and in need of special attention while waiting for a permanent home. In addition to the child care services, the children are tested and observed carefully for detection of developmental delays and referred to community agencies for implementation of special services either at their agencies or at the center. Staff training is stressed in order to reinforce the course of action indicated. Work is done in conjunction with the Child and Family Services Division of the D.C. Department of Human Services to promote the children's return to their mother or other family members, or to secure an adoptive family. The center is licensed to care for eight children up to the age of 5. The program has been in operation since April 1991 and is currently operating at capacity.

**Program effectiveness** The Chi Child Care Center is a new program and is being carefully monitored in terms of the quality of care provided, the children's gains, the services secured through community networking and collaboration, and the length of stay for each child.

# *District of Columbia*

## The Family Place

| | |
|---|---|
| **Agency** | Community Center for Families and Expectant Parents |
| **Contact person(s)** | Maria Elena V. Orrego, Program Director |
| **Address** | 3309 16th Street, N.W.<br>Washington, DC 20010 |
| **Telephone** | 202-265-0149 |
| **Population served** | Low-income, Hispanic families |
| **Funding source(s)** | Church of the Saviour and foundations |
| **Program description** | The Family Place was founded by Ann B. Barnet who wanted to address the needs of infants born to low-income families. She wanted to provide support, resources, and information to these parents so they would have healthier, stronger babies. The Family Place is the only drop-in family resource center in the nation's capital. The project develops and sustains collaborative agreements with other human service providers. The Family Place provides comprehensive, efficient, and professionally delivered services to families using its services. |
| **Program effectiveness** | The Family Place has been in operation for 10 years and, according to the program director, the best reward is seeing former program participants become part of the support network for new families. |

# *District of Columbia*

## Project DAISY
## (Developing Appropriate Intervention Strategies for Young Children)

**Agency** District of Columbia Public Schools—Division of Elementary Education

**Contact person(s)** Diane E. Powell, Project Director

**Address** Rudolph Elementary-Annex
2nd and Hamilton Street, N.W.
Washington, DC 20011

**Telephone** 202-576-6937

**Population served** Pre-kindergarten children prenatally exposed to drugs

**Funding source(s)** District of Columbia Public Schools

**Program description** Project DAISY is a family-based intervention project for pre-kindergarten children prenatally exposed to drugs. The project is an outgrowth of the Superintendent's Round Table discussion on substance exposed children. It is also part of the Division of Elementary and Early Childhood Education's interagency collaborative primary prevention-early intervention program. Project DAISY currently serves 30 students in two classrooms of 15 each. In each classroom 5 students were identified from the D.C. General Hospital tracking system as substance-exposed prenatally. The other 20 students are regular education pre-kindergartners participating in the project as part of the full-inclusion, collaborative integration model. Project DAISY is supported by an interdisciplinary team comprised of a social worker, a speech pathologist, and a clinical psychologist on loan from the Department of Human Services. In addition, the program offers parent training and provides intensive support to all the children in the DAISY classroom and their families. This interagency project is being implemented as a longitudinal study to find the impact of intense early intervention on children exposed prenatally to crack cocaine. Follow-up services are an essential element of this project that includes periodic telephone contacts with the families.

As an outgrowth of the study, specific intervention strategies will be developed and shared with early childhood educators city-wide.

**Program effectiveness** As one of only four or five programs nationally for children exposed to drugs prenatally, Project DAISY is part of a comprehensive strategy to address the unique challenges facing this targeted population and the school system.

# *Florida*

## Cooperative Pediatric Project

**Agency** Department of Health and Rehabilitative Services

**Contact person(s)** Judy Rosenbaum, Senior Management Analyst

**Address** 401 N.W. Second Street, Room N-107
Miami, FL 33128

**Telephone** 305-377-5055

**Population served** Low-income minority children and their families

**Funding source(s)** State funds

**Program description** The Cooperative Pediatric Project is a collaborative effort between the Florida Department of Health and Rehabilitative Services, the University of Miami, and a large hospital in the Miami area. The aim of the project is to help providers identify and treat substance abused newborns and improve communication between Child Protective Services workers and medical personnel interacting with the same infants. A collaborative "cocaine baby team" meets regularly to set policy, remove bureaucratic barriers, and discuss individual infants. This initiative has required minimal resource contributions from participating agencies.

**Program effectiveness** The Cooperative Pediatric Project has led to more efficient use of resources and services and therefore better care for the drug affected infants.

# *Florida*

## The Family Center of Nova University

**Agency** Nova University

**Contact person(s)** Marilyn Segal
Wendy Masi

**Address** 3301 College Avenue
Fort Lauderdale, FL 33314

**Telephone** 305-475-7670

**Population served** Families with young children, low-income and minority families, and families whose children are developmentally at risk

**Funding source(s)** Foundation and government grants and client fees

**Program description** The Family Center of Nova University is a family support program that provides a wide spectrum of services for families with young children. The following special programs are sponsored by the Family Center: (1) Ring-A-Round is an early intervention and social interaction program for parents and children birth to 3 years who are at risk, delayed, or handicapped; (2) Child Abuse and Neglect is a therapeutic preschool program for children younger than 5 who have been placed under protective custody; (3) Building Blocks is an infant-toddler center in Palm Beach County for low-income, migrant children and their parents. The Family Center also provides psychological consultation, child assessment, and program evaluation.

**Program effectiveness** The therapeutic preschool program has been used in many centers county-wide in Florida.

# *Florida*

## GENESIS: A Health Care Center for Women and Children

**Agency** Tampa General Hospital

**Contact person(s)** Terri O'Conner, Director

**Address** Tampa General Hospital
Genesis Program
5802 N. 30th Street
Tampa, FL 33610

**Telephone** 813-237-1993

**Population served** Low-income women and their children of Hillsborough County (which has the highest infant mortality rate of any urban county in Florida)

**Funding source(s)** Tampa General Hospital and state and local agencies

**Program description** GENESIS was created to improve access to specialized care for low-income women and children from Hillsborough County; to reduce maternal and infant mortality rates; and to establish a prototype Maternal Child Health program for the state that demonstrates the cost effectiveness of a coordinated multi-disciplinary approach. The program has been in full-time operation since January 1990, and projects it will see 2,000 pregnant women per year.

**Program effectiveness** The evaluation and research components of GENESIS are being conducted by contract with the University of South Florida, College of Public Health. The evaluation will focus on birth outcomes and the overall rate of change in the county's pregnancy outcome indicators. Tampa General Hospital administrators are developing a seminar for professionals interested in starting a similar program.

# *Georgia*

## DAISY Projects
## (Diversified Agencies Involved in Serving Youth)

**Agency** Georgia Department of Human Services

**Contact person(s)** Ted Holloway, M.D., Director

**Address** 1101 Church Street
Waycross, GA 31501

**Telephone** 912-285-6002

**Population served** Rural, low-income children and youth in southern Georgia

**Funding source(s)** Robert Wood Johnson Foundation

**Program description** Through a process that evolved over 6 years, a coalition was formed known as Diversified Agencies Involved in Serving Youth (DAISY Projects), in an attempt to streamline care for children and youth in rural Georgia. One of the projects, the DAISY Youth Clinic, opened in 1986 to provide an array of health services for teens in Ware County, as well as services for children of teen parents. These services are provided by the Satilla Community Mental Health Center, Children's Medical Services, CMS Orthopedic Clinic, and other organizations. A teen mother coming to the clinic can make a family planning visit, enroll her infant in the Women, Infants and Children (WIC) supplemental food program and the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), and receive immunization services all at the same location. She can also have her older child evaluated for behavioral problems. The DAISY Care Center, part of this collaborative effort, focuses on the needs of disabled preschoolers and is now a 12-month operation. The center has established a partnership with the Georgia public school system to serve 3- and 4-year-olds and provide an outreach component for children from birth through age 2.

**Program effectiveness** The DAISY Projects have been in operation 3 years and have transitioned three classes of children with disabilities into the public school system better prepared to face kindergarten.

# *Georgia*

## Georgia PINES
## (Georgia Parent Infant Network for Educational Services)

**Agency** Georgia Department of Education

**Contact person(s)** Charlene Frick, Director

**Address** Georgia PINES
890 North Indian Creek Drive
Clarkston, GA 30021

**Telephone** 404-296-7101

**Population served** Families of sensory impaired infants and young children

**Funding source(s)** State funds and Federal VI-C Deaf/Blind Funds for training and technical assistance

**Program description** The Georgia Parent Infant Network for Educational Services (Georgia PINES) provides a variety of services for sensory impaired children from birth to 5 years. Through this statewide program, parents learn how to assist their child in developing to her or his greatest potential. Early identification and early intervention are critical to the sensory impaired child's speech, language, physical, academic, and psychosocial development. The Georgia PINES project includes child identification, public awareness, program management, direct services, and support services to families. The direct services to families component includes weekly home visits where a trained parent advisor delivers treatment and training for sensory disorders, instructs parents in communication and language techniques, leads parent discussions about raising a sensory impaired infant, shares child development activities, conducts ongoing assessment of the child, and coordinates support services.

**Program effectiveness** The coordination of support services for parents has made a significant impact on the families' ability to function more cohesively.

# *Georgia*

## One Church—One Child

**Agency**
Initiated by the State Department of Children and Family Services and Holy Angels Catholic Church in Chicago

**Contact person(s)**
Father George Clemments, Co-founder of One Church—One Child
Patricia O'Neal-Williams, National Executive Director

**Address**
1317 Winewood Blvd., Bldg. 8, Room 312
Tallahassee, FL 32301

**Telephone**
904-488-8251—Florida

**Population served**
African-American children in the state welfare system

**Funding source(s)**
This program is a collaborative initiative between the church and the Department of Children and Family Services.

**Program description**
The goal of the One Church—One Child program is to inform African-American church congregations about the role that Black congregations and the larger communities must play in rescuing Black children from the foster care system, homelessness, neglect, abuse, and other kinds of life-threatening situations and to provide these children with permanent, loving African-American families. The following strategies are used to achieve this goal: familiarize parishioners with the plight of Black children waiting to be adopted; provide education to the African-American community about the need for adoptive homes and the adoptive process; identify families willing to adopt; provide support systems to families who do adopt. This type of comprehensive intervention can decrease the amount of time African-American children are in foster care. The Florida project has expanded to meet the needs of the increasing number of children in foster care in that state. One Church—One Child Florida has become the central office for this unique initiative.

**Program effectiveness**
One Church—One Child began in Chicago and is now replicated in 19 cities throughout the country. The State of Florida has included the program in its state statutes. One Church—One Child received the Ford Foundation and JFK Harvard School of Government Award in 1986.

# *Illinois*

## The Beethoven Project

**Agency** Center for Successful Child Development

**Contact person(s)** Beverly Njuguna, Director

**Address** 4848 South State, Second Floor
Chicago, IL 60609

**Telephone** 312-373-8670

**Population served** Low-income, minority children and their families residing in the Robert Taylor Homes public housing complex

**Funding source(s)** Chicago Urban League, The Ounce of Prevention Fund, and Robert Wood Johnson Foundation

**Program description** The Center for Successful Child Development/The Beethoven Project is located in renovated apartments in Chicago's Robert Taylor Homes public housing project, the largest and one of the lowest-income public housing projects in the nation. One of the main goals of the project is to reach young children living in the Beethoven Elementary School area before they exhibit the effects of their troubled environment and prepare them for success in school. Identification of the children begins before they are born through outreach (parent-child advocates) to pregnant women in the community. Another project goal is to help mothers by helping their children. Originally, program planners underestimated the need to provide direct services to the mothers—substance abuse counseling and treatment, employment training, and remedial education—so that they could succeed as the child's first teacher. After making adjustments in the project's structure and outlook by taking the mothers' needs into account, the Beethoven Project is now very successful. The Center for Successful Child Development provides the following services to this targeted community: a primary health care center, teen parent support groups, a drop-in center for children, an infant/toddler center for parents who are working or going to school, and parent-child advocates from the community who enroll pregnant women in the program and provide a community-based support system.

**Program effectiveness** The Center for Successful Child Development provides a wide range of services to the residents of the Robert Taylor Homes complex and has become a national model for community-based collaboration.

# *Illinois*

## Bethel New Life, Inc.

**Agency** Bethel Lutheran Church

**Contact person(s)** Marcia Turner, Public Relations
David T. Nelson, Pastor

**Address** 367 North Karlov
Chicago, IL 60624

**Telephone** 312-826-5540

**Population served** Low-income, minority families living in Chicago's West Side

**Funding source(s)** United Way, foundation grants, and private contributions

**Program description** The aim of Bethel New Life, Inc. is to improve the quality of life for residents of Chicago's West Side. The program takes a holistic approach to addressing the needs of families living in extreme poverty and with the constant threat of drug and alcohol abuse. The project is a model for community-based, collaborative initiatives in inner cities. The following services are provided to the community: and adult day care center; the Families with a Future project that focuses on decreasing the infant mortality rate of the neighborhood; a medical clinic with a Healthy Children program that provides outreach, monitoring, and advocacy for young children; a transitional shelter for young mothers; housing initiatives; and Sew-rite—a minority owned industrial sewing enterprise that creates jobs in the community.

**Program effectiveness** This model concept has been in operation for 10 years and has made a significant impact on the quality life for children and families in this impoverished community.

## Family Focus/Our Place

**Agency** Family Focus Community Center

**Contact person(s)** Delores Holmes, Director
Randi Wolf, Program Director

**Address** 2010 Dewey Street
Evanston, IL 60201

**Telephone** 708-475-7570

**Population served** Low-income, African-American families

**Funding source(s)** Federal, state, and local funds; United Way; and foundation grants

**Program description** Family Focus/Our Place opened in 1979 as a drop-in center for pregnant and parenting teens, their children, and their family members. The program has evolved into a center that now provides comprehensive services to the targeted population. Attempts to keep the family together as a viable unit are an integral part of the project. As part of the larger Family Focus Community Center, Our Place helps program participants assess their family needs and access a broad range of services to improve their lives and the lives of their children. Family Focus/Our Place helps prevent school dropout by emphasizing education as a way out of poverty and by encouraging individuals to return to school. The center tries to create a positive school experience by providing tutoring classes, drug awareness resources, family life education, and parenting education. Child care is available at the Center's teen baby nursery. The Teen Cuisine program is a 9-month course for students interested in a career in food service.

**Program effectiveness** According to the director, Family Focus/Our Place is widely recognized as a stabilizing force for the city's African-American community and serves as a hub for both teens and the many adults committed to helping them succeed. The center is a "one-stop shopping" facility for teens living in a depressed area.

# *Indiana*

## Mom's Time Out

**Agency** Warren County Department of Public Welfare

**Contact person(s)** Mary Beth Brubaker, Co-founder and Director

**Address** Rte. 1, Box 36
Boswell, IN 47921

**Telephone** 317-869-4071

**Population served** Rural mothers living in poverty

**Funding source(s)** Department of Public Welfare

**Program description** Mom's Time Out is a parent education program conceived by Mary Beth Brubaker and Suzann Schackleton to help single mothers improve their parenting skills and learn how to break away from poverty. This rural community in Indiana is extremely isolated and does not have public transportation or licensed child care centers. Mom's Time Out provides speakers on a variety of parenting topics, such as child development, effective discipline, and household budget management. The program provides field trips to shopping areas and cultural events to enhance the learning process for participants. Mom's Time Out is held twice a month at centrally located facilities. On-site child care is provided. Mothers enrolled in this program can take as long as they need to complete the parent education classes.

**Program effectiveness** Mom's Time Out is a recipient of the Successful Project Award from the American Public Welfare Association.

# *Iowa*

## Crisis Nurseries

**Agency** National Committee for the Prevention of Child Abuse (NCPCA)

**Contact person(s)** Julia Talerico, Director

**Address** National Committee for the Prevention of Child Abuse—Iowa Chapter
1200 University Avenue, Suite G
Des Moines, IA 50314

**Telephone** 515-283-9151

**Population served** Rural and urban, low-income families in need of crisis intervention

**Funding source(s)** Temporary Child Care/Crisis Nurseries grant

**Program description** The Crisis Nurseries project was developed to address the critical needs of young children at risk for child abuse. The project contracts with registered Family Day Home Providers to obtain safe, nurturing, temporary homes for children in crisis. Providers must be able to care for children for a minimum of 72 hours on a 24-hour basis. After 72 hours the children are either returned to their homes or other living arrangements are made. The most common reason for placing a child in a Family Day Home is illness or an accident to a parent (43%), followed by family violence (13%). Most of the children are younger than 3 years of age; 46% are reported ill; 20% do not have a regular doctor; and 16% are not sufficiently immunized.

**Program effectiveness** Crisis Nurseries has been in operation for almost 2 years. According to the University of Iowa evaluation, reports of child abuse fell by 13% over 9 months in Iowa counties where Crisis Nurseries were opened. While this study did not conclusively say that the nurseries deserved all the credit, it strongly suggested that they helped a great deal. NCPGA has funded eight Crisis Nurseries located in both rural and urban communities since the project started in July 1990.

# *Iowa*

## Proteus Employment Opportunities, Inc.

**Agency** Same

**Contact person(s)** Terry Meek, Executive Director
Marilyn J. Giese, Director—Migrant Head Start

**Address** 175 N.W. 57 Place, P.O. Box 10385
Des Moines, IA 50306

**Telephone** 512-244-5694 or 800-312-6031

**Population served** Migrant families and their children

**Funding source(s)** Private foundation funds and Migrant Health grant

**Program description** Proteus Employment Opportunities, Inc. was established in 1979 to provide employment and training services to migrant and seasonal farmworkers in Iowa. As a nonprofit organization, Proteus has changed over the years to respond to the dynamic needs of the targeted population. In addition to its original services, Proteus provides primary health care and child care, early childhood educational programs, adult education, housing assistance, and a variety of outreach services. It is the Proteus tradition to provide competent preparation and training of Iowa's seasonal and migrant farmworkers to meet the needs of business and industry, and to ensure that Iowa's migrants are treated with respect. Proteus is the grantee for the Migrant Head Start program in Iowa that began in 1991.

**Program effectiveness** Proteus expanded its outreach and currently serves 320 children in educational programs such as migrant Head Start and adult education classes.

# *Kentucky*

## Data Care Program

**Agency** Kentucky River Foothills Head Start

**Contact person(s)** Phillis Adams, Head Start Director

**Address** P.O. Box 813
Richmond, KY 40476-0813

**Telephone** 606-623-7233

**Population served** Low-income, rural families of Appalachia with Head Start eligible children

**Funding source(s)** Partial funding from Head Start

**Program description** Data Care is a comprehensive data system developed to track families with preschool children living in isolated communities.Through this data system families are made aware of health or social services and other related resources they may need to improve the quality of their lives. The objectives for developing the Data Care program are (1) to promote a healthy environment for preschool children; (2) to provide information to families about available support services for their children, birth through age 5; (3) to network with schools, organizations, clubs, hospitals, health departments, and child care providers to ascertain what services they provide; and (4) to increase parent awareness of the importance and lifesaving values of early intervention. Parents who enroll their children in this information retrieval system receive periodic reminders when preventive health care visits to local clinics are due, i.e., immunizations, well-baby checkups, etc. The purpose for developing this type of data system is to provide a method for impoverished, isolated families to access available health care or social services in a more coordinated manner. The aim of this initiative is to encourage families to address minor health issues before they develop into a medical crisis. The Kentucky River Foothills Head Start program has a cooperative agreement with the local county health department to access information for this innovative tracking system. All information is confidential.

**Program effectiveness** Kentucky does not have a coordinated statewide system for tracking health care needs for at-risk children. According to the director, this system is an effective method to promote the benefits of preventive health care for isolated families and their children.

# *Kentucky*

## PACE
## (Parent and Child Education)

**Agency** Kentucky Department of Education

**Contact person(s)** Jeanne Heberle, Director

**Address** 1722 Capitol Plaza Towers
Frankfort, KY 40601

**Telephone** 502-564-2117

**Population served** Low-income parents without a high-school diploma or equivalency, with children ages 3 to 4 years

**Funding source(s)** State of Kentucky

**Program description** PACE is a family support and education program designed to end the intergenerational cycle of undereducation in low-income, rural families by uniting parents and children in a positive educational experience. While children are in a model preschool setting, adults participate in classes to improve their basic skills, parenting education, and preparation for the GED. A support group for parents on issues related to self-esteem and competence is an integral part of the program.

**Program effectiveness** The program began as a pilot project in 1986. Nearly 900 family groups have participated in PACE. Seventy percent of the parents have received GEDs or raised their grade levels by 2 years. Parents have also shown better understanding of their children's abilities and needs and have raised aspirations for their children's educational development. The United States Department of the Interior, Bureau of Indian Affairs, adopted the Kentucky PACE program for use in public and tribal schools on Indian reservations in the fall of 1990.

# *Maryland*

## Lafayette Courts Family Development Center

**Agency** Office of Employment and Development

**Contact person(s)** James Massey, Director

**Address** 200 North Aisquith Street
Baltimore, MD 21202

**Telephone** 301-396-9321

**Population served** Low-income, minority residents of an inner-city housing project

**Funding source(s)** Department of Health, the Office of Employment and Development, and Jobs Training Partnership Act (JTPA) and Job Opportunities and Basic Skills (JOBS) funding

**Program description** Lafayette Courts Family Development Center is the only 1 of 40 city housing developments to offer families a multi-service center within the housing project. Among the services offered on-site are comprehensive long-term case management, a health clinic, developmental child care services (including Head Start and full-day child care), adult education, employment and job training counseling and assistance, and programs targeting teen-agers. The center began 4 years ago as an innovative approach to overcome the two barriers to accessing services that many low-income families experience—transportation and child care. With significant input from tenants, the Family Center was developed, and much needed health, education, and social services were established at the housing complex.

**Program effectiveness** According to the director, effective case management is one of the reasons the Lafayette Courts Family Development Center has been so successful. Case managers provide the "glue" that bonds the wide range of public services and resources available to Lafayette Court families and children.

# *Massachusetts*

## Family Life Program

**Agency** Harvard Street Neighborhood Health Center

**Contact person(s)** Elizabeth Brown, M.D., Director
Lillette DeSilva-Aziry, Clinical Director

**Address** 444 Columbia Road
Dorchester, MA 02125

**Telephone** 617-288-4887

**Population served** An impoverished community with heavy drug activity

**Funding source(s)** National Institute on Drug Abuse (NIDA)

**Program description** A model, neighborhood-based, comprehensive, day treatment program for drug-addicted pregnant women and their families. The project's objective is to test whether a day program—with costs greater than a traditional outpatient program, but less than a residential program—improves pregnancy outcome and long-term compliance with drug treatment. If so, the plan is for the program to be replicated and integrated into community health centers across the country. The Family Life Program provides multiple services that include (1) day treatment for substance abuse; (2) prenatal care and classes; (3) pediatric primary care; (4) parenting education including child development; (5) nutrition and parenting skills development; (6) intervention programs for young children; (7) child care; (8) transportation; and (9) advocacy services.

**Program effectiveness** The program is fairly new. To date, four of the five babies born in the program have been full term. All five children are normal, healthy, and drug-free. Evaluation of treatment outcomes for mothers and infants will be done on a regular basis.

# *Massachusetts*

## Greater New Bedford Community Health Center

**Agency** Same

**Contact persons** Laurel Miller, M.D.

**Address** 1204 Purchase Street
New Bedford, MA 02740

**Telephone** 508-992-6553

**Population served** Primarily Hispanic and African-American, low-income families

**Funding source(s)** Maternal and Child Health grants

**Program description** The Greater New Bedford Community Health Center has a maternity and infant health care project that is designed to deal with the high rate of late entry into health care among Hispanic and African-American women and teen-agers. The program seeks out women in the community and provides outreach and patient advocacy to keep them in care. Another component of this project focuses on educational services to teen-age mothers to prevent repeated adolescent pregnancies. The health center collaborates with the Women, Infants and Children (WIC) supplemental food program and other related programs for high-risk women and their children.

**Program effectiveness** The Greater New Bedford Community Health Center has been very successful in its collaborative initiatives to provide services to the community.

# *Michigan*

## Families First Program

**Agency** Diversified Youth Services, Inc.

**Contact person(s)** Angela D. Olivera, Program Director

**Address** 15055 Dexter Avenue
Detroit, MI 48238

**Telephone** 313-393-2520

**Population served** Inner-city, minority families living in Wayne County and 16 other impoverished counties in the Detroit area. The program also serves families on two Indian reservations.

**Funding source(s)** Diversified Youth Services, Inc. through a contract with the Department of Social Services

**Program description** Families First is a crisis intervention program that provides case management, clinical services, information and referral, life coping skills, and family advocacy services to the targeted population. Families are monitored at 3- and 6-month intervals to avoid crisis situations. Social workers go into homes on a regular basis and become part of the troubled family in order to encourage change and to help families recognize crisis indicators before the situation gets out of hand.

**Program effectiveness** By participating in the Family First program, families are helped to identify their strengths and to be aware of potential situations that can cause possible crises. Social workers assist families develop activities that they can do together as a unit. According to the director, the program has prevented recurring abuse in 8 out of 10 families who remain in the program for at least 3 months.

# *Minnesota*

## Early Childhood Family Education

**Agency** Community and Adult Education

**Contact person(s)** Lois Engstrom, Supervisor

**Address** Capitol Square
550 Cedar Street
St. Paul, MN 55101

**Telephone** 612-297-2441

**Population served** Families with children from birth to kindergarten and expectant parents. Special efforts are made to recruit low-income families.

**Funding source(s)** State funds and federal and foundation grants

**Program description** Early Childhood Family Education (ECFE) programs provide a variety of services to families that emphasize parent and family education rather than provision of ongoing child care. To assist parents in obtaining other family services, ECFE staff work closely with education, health, and human services agencies in their communities. ECFE has the following goals: (1) support parents in their efforts to raise children; (2) offer child development information and alternative parenting techniques; (3) help create effective communication between parents and children; and (4) promote positive parental attitudes throughout their children's school years. Program goals are achieved through weekly classes for children and their parents, home visits for outreach and education, special events, access to toys and books, and special services for at-risk populations.

**Program effectiveness** ECFE has a long history of success. According to the supervisor, strengthening the family unit is the ultimate benefit of the program. The program also has the potential to prevent and/or reduce later learning problems in children. Schools that host ECFE programs benefit from a higher level of parent involvement.

# *Minnesota*

## MICE
## (Mother Infant Care Education)

**Agency** Minneapolis School District

**Contact person(s)** Barbara Muir, Program Administrator

**Address** North Community High School
1500 James Avenue North
Minneapolis, MN 55411

**Telephone** 612-627-2778

**Population served** Teen-age parents enrolled in the Minneapolis School System

**Funding source(s)** Minneapolis School District

**Program description** The Mother Infant Care Education (MICE) is available at three Minneapolis High Schools—North, Southwest, and South. Teen-age mothers attend regular classes plus parenting class while their children (ages 6 weeks to 2½ years) are in child care. The goal is to keep the teen-agers in school and to teach them parenting skills, while the babies are helped to grow socially, emotionally, and intellectually. The program is school-based and also offers counseling and an on-site medical clinic with a pediatric nurse. At South, the maximum enrollment is 15 mothers. The waiting list has been as long as 85.

**Program effectiveness** The Mother Infant Care Education program began during the mid-1970s and currently serves nearly 150 students and their babies. Most of the teen-age parents acquire their GED and are more effective parents after participating in the program.

# *Minnesota*

## STEEP
## (Steps Toward Effective Enjoyable Parenting)

**Agency** Pillsbury United Neighborhood Services, Inc.

**Contact person(s)** Martha Farrell Erickson, Project Coordinator
Sharon Merges, Case Manager

**Address** Pillsbury House
3501 Chicago Avenue, South
Minneapolis, MN 55407

**Telephone** 612-822-7727

**Population served** Low-income, first-time mothers who are at least 17 years old and have no more than a high-school education. Nearly all the participants are single and many have a history of being abused or neglected.

**Funding source(s)** United Way and local foundations

**Program description** The STEEP program fills an important gap between health care and early childhood education by locating at-risk women and infants through obstetric/gynecological clinics. The STEEP program goes well beyond a parent education program—it helps parents rise above being at risk and works with them to (1) explore how their own childhood experiences and current circumstances influence their relationship with their child; and (2) empower families to move toward more effective life management and greater self-esteem. Each client is assigned a "family life facilitator" who provides both individual and group counseling and continues to work with the family even if they move from the neighborhood. The same facilitator, in order to ensure continuity of services, remains with the family for the first 2 years of the baby's life. Videotapes are given to the family on the child's first birthday as an incentive for participation. The program also provides developmentally appropriate child care for preschoolers while family members attend workshops.

**Program effectiveness** The STEEP program has evolved from a research project in 1976 to a community-based, early intervention program. A formal program evaluation is funded by the National Institute of Mental Health and local foundations.

# *Minnesota*

## Success By 6—Minneapolis

**Agency** United Way of Minneapolis

**Contact person(s)** Diane Carr, Community Initiatives Associate

**Address** United Way of Minneapolis Area
United Way Center
404 South Eighth Street
Minneapolis, MN 55404

**Telephone** 612-340-7400

**Population served** Children younger than 6 in Minneapolis and surrounding communities

**Funding source(s)** A collaborative effort between United Way of Minneapolis, the Honeywell Corporation, foundations, and local businesses

**Program description** Success By 6 is a comprehensive initiative created to ensure that the basic health and developmental needs of all young children in the Minneapolis area are met before entering public school. The following strategies enable Success By 6 to meet these objectives: (1) initiate a comprehensive public awareness program; (2) create a bipartisan legislative package focusing on families and young children; (3) develop a strategy for employers to better support employees with young children; and (4) coordinate neighborhood-based services for children from conception to age 6.

**Program effectiveness** Success By 6 is a very successful model and has attracted strong support from the business community as well as education and human services. The "Way to Grow" program, an expansion of Success By 6, addresses the special needs of low-income children in the Phillips neighborhood.

# *Mississippi*

## Mississippi Nutrition and Oral Hydration Therapy Project

**Agency** Sam Martin Clinic

**Contact person(s)** Sister Joan Dumming, Director

**Address** P.O. Box 248
Marks, MS 38646

**Telephone** 601-326-5404

**Population served** Rural, low-income, minority mothers and their children

**Funding source(s)** Mead Johnson grant

**Program description** The Mississippi Nutrition Project receives referrals from the local medical community to provide follow-up care for premature babies and their mothers. The project also tracks the babies' developmental progress through home visits (an integral part of this preventive health and nutrition program) and clinic visits. Transportation is a key concern in this rural community. The project helps new mothers keep their postnatal appointments by providing transportation to and from the clinic.

**Program effectiveness** According to the director, new mothers who hear about the Mississippi Nutrition Project ask for information on proper nutrition and health care issues before leaving the hospital. The project hopes to have a developmental infant/toddler center at the clinic in order to model appropriate care techniques for new teen parents.

# *Mississippi*

## Project Network

**Agency** Mississippi State Department of Health

**Contact person(s)** Teresa Carithers

**Address** P.O. Box 1700
2423 North State Street
Jackson, MS 39215-1700

**Telephone** 601-960-7680

**Population served** Children and their families with special health care needs living in rural Mississippi

**Funding source(s)** Sprans grant

**Program description** Project Network alleviates the need for more community-based nutritionists by hiring and training four nutritionists who are assigned throughout the state. These well-trained field nutritionists provide family support, consultation, and technical assistance to caregivers and clients; develop literacy and culturally appropriate educational materials to disseminate to the target population; and develop and implement community-based experiences for nutrition/dietetic students and other health professionals.

**Program effectiveness** The project has been in operation since 1987. According to the director, reviews indicate that Project Network has surpassed its initial goal, but the chronic nutritional needs of this target community require more trained nutrition staff to address the critical conditions.

# *Mississippi*

## SEID
## (Self-Employment Investment Demonstration Project)

**Agency** Friends of Children of Mississippi, Inc.

**Contact person(s)** Marvin Hogan, Executive Director

**Address** 119 Mayes Street
Jackson, MS 39213

**Telephone** 601-362-1541

**Population served** Low-income families in rural settings in Mississippi, with an emphasis on single women with young children

**Funding source(s)** Jobs Training Partnership Act (JTPA), private foundations, private industry council, and other organizations

**Program description** The Self-Employment Investment Demonstration Project is a family-centered, self-help project created to move a number of welfare recipients in Madison County from a state of dependency to one of self-sufficiency through self-employment. In order to accomplish this goal several objectives have been identified: (1) to train participants so they will have the skills and motivation to achieve success; (2) to seek external support from state government and private organizations; and (3) to provide ongoing technical assistance and on-the-job training after the business start-up phase. Upon completion of the training program, participants are assessed on their ability to be self-employed based on a number of specific criteria, such as whether a participant's personal and family situation is under control, and whether the participant has effective time management and record-keeping skills. A support system provides encouragement to program participants.

**Program effectiveness** In the 2 years since SEID began, 13 participants have successfully completed the training program, according to the executive director. Participants have established businesses such as a family child care home, beauty shop, and dry cleaning facility. SEID is a 1991 recipient of the Presidential Award for Excellence.

# *Missouri*

## Parents As Teachers

**Agency** Missouri Department of Elementary and Secondary Education

**Contact person(s)** Mildred Winter, Director

**Address** Parents As Teachers National Center
University of Missouri-St. Louis
Marillac Hall, Room 307
8001 Natural Bridge Road
St. Louis, MO 63121-4499

**Telephone** 314-553-5098

**Population served** Parents with children ages birth to 3 years. Special efforts are made to enroll parents of at-risk children.

**Funding source(s)** State and private foundations

**Program description** Parents As Teachers (PAT) acknowledges that parents are a child's primary teacher and are, therefore, the primary recipients of services. PAT is designed to enhance child development and scholastic performance by reaching out to families before a child is born. The home visit, scheduled at 4- to 6-week intervals, is the heart of the program. Group meetings are offered monthly. These services are supplemented by periodic screenings for physical, cognitive, and language development of the child through age 3. The program attempts to reduce the stresses of parenting, and, through educational guidance, reduce the need for remediation and special education services.

**Program effectiveness** Parents As Teachers began as a pilot program in four Missouri school districts in 1981. It has received national acclaim as an effective parent education model and is replicated in Kansas and Texas.

# *Missouri*

## Project Early

**Agency** Ewing Marion Kauffman Foundation

**Contact person(s)** Jennifer Hill, Project Director

**Address** P.O. Box 8480
Kansas City, MO 64114

**Telephone** 816-966-4000

**Population served** Low-income, minority families primarily on the West Side of Kansas City

**Funding source(s)** Ewing Marion Kauffman Foundation

**Program description** Project Early is a comprehensive collaborative initiative whose main objective is to assist families achieve self-sufficiency as defined by the families themselves. The project is built on a series of partnerships—a partnership with families who will have to invest time and effort; a partnership with the local community who will invest in cooperation, rather than duplication of efforts; a partnership with social service and health agencies who will invest not only staff time, but their willingness to explore new delivery systems; and finally, a partnership with the state of Missouri to develop a more streamlined system of service delivery that is family focused in order to achieve this main objective. Each family works with an Investment Manager who helps them set goals and plans to reach the family's sufficiency goal(s). This approach can help turn family deficits into strengths, e.g., if a mother does not speak English, she is directed to an ESL class and/or a GED class; if a father is unemployed, he is directed to a job training program to train for a job that will provide him with benefits and a career ladder; if a child needs child care, the family will be referred to a stimulating, nurturing environment such as an accredited family child care home. Project Early's first responsibility is to the child as a member of the family. Therefore, the early childhood efforts of Project Early have a singular and critical focus: making sure every child gets the strongest and best possible start. Families enroll in Project Early during the mother's first trimester of pregnancy. The aim of the project is to work with families over a 7-year period and to follow them for 20 years.

**Program effectiveness** Project Early (first conceived by Ewing Marion Kauffman in 1988) is now in the final program design stages. A team of specialists has been placed in community-based organizations and is researching the best ways to convert this vision into reality.

# *Nebraska*

## Family Preservation Project—Broken Bow

**Agency** Department of Social Services

**Contact person(s)** Nancy Ferguson, District Administrator

**Address** 1030 South D Street
Broken Bow, NE 68822

**Telephone** 308-872-2491

**Population served** Rural community of 4000 with a Native American population of less than 10%

**Funding source(s)** Edna McConnell Clark Foundation

**Program description** The Family Preservation Project is designed to strengthen and preserve families. Serving as the primary resource, the community has taken increased responsibility for its own families rather than simply offering another agency program. By effecting change in policies, projects, and attitudes in every major system in the community, the project continues to improve the quality of family relationships and reduce stress. The key to this project is community involvement, commitment, and leadership. By identifying major community leaders from the private sector, along with family service providers, a new means to implement change in the community has been established. The ownership of this project does not belong to one agency or committee but to the community as a whole.

**Program effectiveness** This project has resulted in three community task forces (Finances, Parent-Child Relationships, and Drugs and Alcohol) that oversee specific initiatives. Among these are developing a local job corps for students; offering a series of home management seminars; opening a drop-in child care facility; setting up a support hotline for families under stress; developing a radio talk show on family issues; and encouraging business donations for low-income housing improvements.

# *New Mexico*

## New Futures School

**Agency** Albuquerque Public Schools

**Contact person(s)** Veronica C. Garcia, Principal

**Address** New Futures School
Albuquerque Public Schools
5400 Cutler Avenue, N.E.
Albuquerque, NM 87110

**Telephone** 505-883-5680

**Population served** Low-income, minority students, ages 12 through 21, as well as young children, ages 2 weeks to 4 years

**Funding source(s)** The program began with funding from the YWCA. Since 1976, the Albuquerque Public Schools have assumed primary responsibility. Additional funding comes from New Futures, Inc., a nonprofit, community-based organization; the New Mexico Department of Human Services; the New Mexico Health and Environment Department; Carl Perkins Funds; the Jobs Training Partnership Act (JTPA); the Honeywell Corporation; and private and civic organizations.

**Program description** The New Futures School has evolved from a tutorial program in a YWCA for pregnant teens to an alternative school sponsored by Albuquerque Public Schools in response to the growing need for comprehensive services for pregnant and parenting teens. This alternative school offers these comprehensive services: a comprehensive high-school program; a GED program; and classes in maternal and child health, parenting, and child development. Other services include individual and group counseling, childbirth classes, child care, and vocational education. Through interagency collaborations, New Futures has brought in on-site Women, Infants and Children (WIC) supplemental food program enrollment, a family planning clinic, immunizations, and prenatal care. Volunteers and the foster grandparents program contribute significantly to the success of the school. New Futures has two major components—the Perinatal Program that serves the teen who enters during her pregnancy and remains until the end of the semester in which her child is born; and The Young Parents Center that serves the most high-risk group of teen-age mothers and fathers—those who are determined unable to successfully participate in a regular school program after the birth of their child.

# *New Mexico*

## Pathways to Understanding: Culturally Sensitive, Coordinated Care for Indian Children with Special Health Needs

**Agency** Southwest Communication Resources, Inc.

**Contact person(s)** Randi S. Malach, Program Coordinator

**Address** P.O. Box 788
Bernalillo, NM 87004

**Telephone** 505-867-3396

**Population served** Non-Indian professionals serving Native American families on the Pueblo Indian reservation and in surrounding communities

**Funding source(s)** United Way of Greater Albuquerque

**Program description** American Indian families face significant barriers that inhibit their ability to access health care for their children with special health care needs. This is a group for whom continuity and coordination of health care proves particularly difficult. These difficulties frequently result from the culturally inappropriate service models used by agencies and professionals that serve Indian children. Pathways to Understanding was created to help improve systems of care for Indian children with special needs so that more services are community-based, family-centered, and culturally sensitive and responsive. Project objectives to achieve these goals are (1) enhance coordination between key agencies (New Mexico MCH/CSHN and the P.L. 99-457-Part H lead agency) to develop a linked, statewide system of care management; (2) increase the effectiveness of health care professionals working with American Indian families by increasing their knowledge of culturally appropriate methods of providing health care services to Indian children with health care needs; and (3) increase the effectiveness of SPRANS projects serving American Indian children in other states by providing them with technical assistance to increase their knowledge of culturally appropriate services. These objectives are achieved through local and regional in-service training sessions.

**Program effectiveness** Pathways to Understanding provides comprehensive, culturally specific training to non-Indian service providers. It has been successful in bridging the communication gap between service providers and families, according to the project director.

# *New Mexico*

## PIPE Project
## (Pueblo Infant Parent Education Project)

**Agency** Southwest Communication Resources, Inc.

**Contact person(s)** Randi S. Malach, Program Coordinator

**Address** P.O. Box 788
Bernalillo, NM 87004

**Telephone** 505-867-3396

**Population served** Low-income families and their children from the Pueblo Indian and Hispanic communities

**Funding source(s)** Office of Substance Abuse Prevention (OSAP) and the state health department

**Program description** Pueblo Infant Parent Education Project (PIPE) serves families with newborns and young children through age 3. The project provides family-focused, therapeutic services for children and their parents. Services are conducted in the family's home during weekly 1-hour sessions. The children then enter Head Start or the public school system. A child and family are eligible for services if the child (1) has special medical, health, or developmental needs; (2) has a suspected or diagnosed handicap; or (3) has, or is likely to have, a delay in development. The home visitor plays an integral role in the success of this project and must have a strong early childhood or child development background with some home-intervention experience.

**Program effectiveness** The PIPE Project is a home-based, rural community, model project with an emphasis on strengthening the family unit.

# *New York*

## The Children's Storefront

**Agency** Same

**Contact person(s)** Ned O'Gorman, Founder and Headmaster

**Address** 1313 Triborough Station
New York, NY 10035

**Telephone** 212-427-7900

**Population served** Preschool and school-age children from Harlem

**Funding source(s)** Private foundations

**Program description** The Children's Storefront is one of New York City's demanding private elementary schools. It is tuition-free and is dedicated to providing high quality education for Harlem's children and to healing the wounds of poverty. For its students, The Storefront is school and family, an oasis in a very hostile world; for their parents, it is hope for their children's future. The Storefront is open all year with a short vacation between each quarter. Older children spend the month of August camping on a farm in Connecticut. The classes are flexible and allow students to move from one grade to another for different subjects, according to their abilities. Many of Harlem's children are born with learning disabilities due to the effects of drugs, alcohol, or malnutrition among parents. The learning disabilities consultant tests each child and trains tutors and teachers to work effectively with students.

Admission is open to all neighborhood children, with preference given to those who most need the special structure provided at The Storefront.

**Program effectiveness** For 25 years The Children's Storefront has successfully in provided quality educational experiences for Harlem's children. A future goal to build an enduring, 9-year grammar school is beginning to take root.

# *New York*

## New York Children's Health Project

**Agency** Montefiore Medical Center—Albert Einstein College of Medicine

**Contact person(s)** Irwin Redlener, M.D., Director and Co-founder
Karen Redlener, Program Development Coordinator

**Address** 317 East 64th Street
New York, NY 10021

**Telephone** 212-535-9400

**Population served** Homeless, near homeless, and indigent children living in New York City

**Funding source(s)** Children's Health Fund

**Program description** The Children's Health Project brings health care to indigent children when and where they need it. By using 30' vans that have been renovated into mobile pediatric units, project staff travel around the city and stop outside welfare hotels and shelters to treat homeless children. They also travel to Time Square to treat runaway teen-agers, to foster group homes, and to high schools to treat infants of teen-age mothers. Most of the patients, however, are children living in welfare hotels. The mobile units provide primary care such as (1) routine well-child/preventive care; (2) physical examinations for Head Start children; (3) acute illness care and follow-up of chronic illness; (4) health education and counseling services; and (5) access to other pediatric support services.

The Children's Health Project maintains documentation on all services provided.

**Program effectiveness** The Children's Health Project is an innovative initiative created by Dr. Redlener and singer/songwriter Paul Simon.

# *New York*

## Primary and Preventive Health Care for Children, Birth to Five

**Agency** Rushville Health Center

**Contact person(s)** Sara Hunt, Nurse Practitioner

**Address** 37 South Main Street
Rushville, NY 14544

**Telephone** 716-554-6824

**Population served** Low-income, high-risk children and their families in rural Yates County and migrant farm families

**Funding source(s)** Outside organizations and foundations assist with fees and/or medical prescription costs

**Program description** The Rushville Health Center supports a nurse practitioner who provides primary and preventive care services to the targeted population. Birth to Five was created to promote the health and well-being of young children by reducing the preventable causes of childhood morbidity and mortality in high-risk, underserved areas in the Rushville community. The program enhances existing primary care with activities designed to meet the special needs of this high-risk population, such as newborn parenting classes and promotion and support services for breast-feeding. Rushville is also part of the Finger Lakes Migrant Health Care Coordination Project that provides comprehensive health care services to migrant farmworkers and their children.

**Program effectiveness** According to the nurse practitioner, 682 well-child visits and 723 sick and/or follow-up visits have been provided through Birth to Five.

# *New York*

## Project Healthy Choices

**Agency** Bank Street College of Education

**Contact person(s)** Eileen Wasow, Director

**Address** Bank Street College of Education
Division of Continuing Education
610 West 112th Street
New York, NY 10025

**Telephone** 212-222-6700, Ext. 367

**Population served** Teachers, parents, substance abuse prevention/intervention specialists, and community groups

**Funding source(s)** New York City Board of Education; United States Department of Education; New York City Council/Borough of Queens; American Express; and others

**Program description** Project Healthy Choices is an early intervention (K to 2) drug and alcohol abuse prevention program that is unique in its focus on young children and their families. The project provides education on alcohol and other drugs for all those involved with young children. Project Healthy Choices has a 45-page curriculum guide which includes detailed, developmentally appropriate lesson plans to help teachers and counselors infuse substance abuse prevention and education concepts into traditional curriculum areas. The project packet also includes interactive videos, an illustrated children's book with accompanying puppets, a teacher training video, a 10-part audio-cassette on substance abuse topics, 21 children's stories, and a parent resource guide.

**Program effectiveness** Project Healthy Choices has been working with teachers, school staff, and parents to increase their comfort level while addressing this difficult topic. The director feels this concept is an effective way to handle this critical issue with young children.

# *North Carolina*

## The Baby Love Program

**Agency** Wake County Maternal Health Program

**Contact person(s)** Dorothy Cilenti, Mental Health Director

**Address** Wake City Department of Health
10 Sunnybrook Road
Raleigh, NC 27610

**Telephone** 919-250-4630

**Population served** Low-risk, pregnant women living in rural, urban, or migrant communities

**Funding source(s)** Maternal and Child Health, Medicaid, and Rural Health and Resource Development agencies

**Program description** The Baby Love Program was introduced in 1987 to combat North Carolina's high infant mortality rate—one of the highest in the country. Baby Love strives to increase to health care and support services for low-income pregnant women and children across the state. These services include screening and referral for pregnant women with special needs; prenatal education; nutritional counseling and education; assistance in applying for the Women, Infants and Children (WIC) supplemental food program; community outreach to identify pregnant women; individualized assistance and teaching to pregnant teens; and home visits by public health nurses to follow women with high-risk prenatal conditions. The key to Baby Love's success is Maternity Care Coordinators who are located in virtually all local health departments, community and migrant health centers, and the Cherokee Health Delivery System. They provide a link between services and act as professional client advocates by helping women make applications to Medicaid, secure transportation for clinic appointments, and so forth.

**Program effectiveness** In North Carolina statistics show that women who receive maternity care coordination services had a low birth weight rate 14% lower and an infant mortality rate 23% lower than women on Medicaid not receiving such services. The Baby Love Program effectively meets a need.

# North Carolina

## MOTHEREAD Project

**Agency** MOTHEREAD, Inc.

**Contact person(s)** Carolyn Dickens, Program Director
Nancye Gaj, Director

**Address** Bldg. 3, Suite 246
4208 Six Forks Road
Raleigh, NC 27609

**Telephone** 919-781-2088

**Population served** Incarcerated mothers with young children

**Funding source(s)** Z. Smith Reynolds Foundation, North Carolina Humanities Council, sponsors of the Greater Greensboro Open, individuals, service groups, and churches

**Program description** MOTHEREAD Inc. is a private, nonprofit, educational organization founded in July 1987. The organization operates model, intergenerational, literacy demonstration projects for women incarcerated in two prisons in Raleigh, North Carolina. Because these mothers are physically separated from their children, the MOTHEREAD program strives to make the mothers' experience with language lessen the distance from their families. MOTHEREAD stresses the program's value for the child rather than appealing to the parent to improve her own literacy skills. Program staff acknowledge that the parents will do for their children what they sometimes will not do for themselves. The literacy classes are taught by two staff and two volunteers at the Women's Correctional Center, a maximum security prison, and at Raleigh Correctional Center, a smaller prison where approximately 100 women are serving long-term sentences. The program uses a team-teaching approach with two instructors available to work with 8 to 10 students. Classes meet twice a week in the prison library for 2 hours at a time. The basic curriculum is designed to run for three 8-week sessions. Once students complete this 6-month cycle, they are free to enroll in a lab class where they work independently and explore other books and materials. Program staff decided to move away from commercially produced adult literacy materials and base the curriculum on carefully chosen children's books that can be discussed on many different levels. The curriculum also includes some adult materials. The program ensures that children's books are available during inmates' visits with their children, and storytelling audiotapes are mailed to the homes of these children.

# *North Carolina*

## North Carolina Caring Program for Children

**Agency** North Carolina Council of Churches

**Contact person(s)** Karen Epp Mortimer, Executive Director

**Address** P.O. Box 94
Durham, NC 27702

**Telephone** 919-688-5437

**Population served** Children from low-income families who are not eligible for Medicaid or enrolled in any other health insurance plan

**Funding source(s)** North Carolina Council of Churches, underwritten by Blue Cross/Blue Shield of North Carolina; civic organizations; private individuals; and businesses

**Program description** The North Carolina Caring Program for Children started in 1987. It was inspired by a similar program in western Pennsylvania established to meet the health care needs of children of laid-off steel workers. This is a special health care program designed exclusively for children with an emphasis on helping them stay well. Churches, women's groups, and professional organizations pay the premiums for children enrolled in the program by donating monies to an insurance fund. Families enrolled in this program do not pay any fees for this coverage, nor are there deductibles or co-payments for covered services. This program does not cover all types of health care but it does cover routine and preventive health care services. Emergency room visits are limited to accidents and emergency medical services only, and inpatient care is not covered. The names of all children enrolled in the Caring Program are kept confidential.

**Program effectiveness** The Caring Program reflects a strong collaborative effort among church, community-based organizations, and insurance companies. According to the executive director, although it appears efforts are being made nationally to ensure the availability of health care for children, more initiatives are needed to meet the needs of the increasing numbers of uninsured young children.

# North Carolina

## Project Enlightenment

**Agency** Wake County Public Schools

**Contact person(s)** Alice K. Burrows, Director

**Address** 501 S. Boylan Avenue
Raleigh, NC 27603

**Telephone** 919-856-7774

**Population served** At-risk and troubled preschoolers in Wake County

**Funding source(s)** Wake County Public School System, state and federal funds, and private donations

**Program description** Project Enlightenment began in 1969 and is a comprehensive mental health program for children from birth to age 6, their parents, and their classroom teachers. The program focuses on educational approaches that help troubled children and trains parents and teachers to provide primary support for disturbed preschoolers. The project also tries to prevent mental health problems in children, identify problems early, and train other professionals and university students to work with young children who need mental health care. Project Enlightenment operates a telephone warm-line for parents staffed by mental health professionals who respond to parents' calls about mental health issues. The project also established a Parent-Teacher Resource Center that provides educational resources on child development and mental health issues.

**Program effectiveness** The director stated that Project Enlightenment was a catalyst for North Carolina legislation encouraging the development of early intervention programs in the state.

# *Ohio*

## SPROUT
## (Single Parents Reaching Out for Unassisted Tomorrows)

**Agency** Baldwin-Wallace College

**Contact person(s)** Denise Reading, Director of Student Services

**Address** Baldwin-Wallace College
275 Eastland Road
Berea, OH 44017

**Telephone** 216-826-2137

**Population served** Minority, single parents enrolled at Baldwin-Wallace College with children younger than 6

**Funding source(s)** Baldwin-Wallace College, Job Opportunities and Basic Skills program (JOBS), and other organizations

**Program description** SPROUT began last year at Baldwin-Wallace College near Cleveland after the Director of Student Services became aware of the struggles of a full-time student who is also a single parent. The college developed a child care and family life program to make it possible for these non-traditional students to finish their education. Single parents and their preschool children can live in a university-owned house on campus. Child care is provided while the mothers attend classes. As full-time students they are eligible for federal grants and loans to cover their tuition. Baldwin-Wallace College provides a financial aid package that covers most of their room and board. These young mothers are also eligible for assistance through the JOBS program that supplements funding for SPROUT. Parents and children can stay in the house during semester breaks. Evening classes on parenting education, child development and discipline, and first aid are available.

**Program effectiveness** SPROUT is the brainchild of Denise Reading. She states that participants do better academically knowing there is a support system available. The program is expected to become a permanent program at Baldwin-Wallace College.

# *Oklahoma*

## Cheyenne and Arapaho Health Improvement Project

**Agency** Cheyenne and Arapaho Tribes of Oklahoma

**Contact person(s)** Martha Sealy, Director
Fred Mosqueda, Adult Vocational Training Director

**Address** P.O. Box 56
Concho, OK 73022

**Telephone** 405-262-0345

**Population served** Native American children and their families from the Cheyenne and Arapaho tribes

**Funding source(s)** Tribal Head Start and other funding sources

**Program description** The Health Improvement Project was created to provide preventive health care to Native American children and help decrease the frequency of the most prevalent problems affecting children's success in school, such as iron deficiency anemia, hearing loss, etc. Two of the many concerns of this project are the effect of otitus media (an inflamation of the middle ear that can develop when a child has frequent colds) and upper respiratory infections. Both of these disorders can have a significant impact on speech and language development. The Health Improvement Project plans and conducts monthly meetings to inform parents of the seriousness of these disorders and about preventive health care issues. Parents of children with special health care needs receive follow-up home visits and support for following through with the recommended remediation and treatment.

**Program effectiveness** According to the director, this form of intervention has been very successful in addressing the health care needs of Cheyenne and Arapaho children in Oklahoma.

# South Carolina

## Beaufort Jasper Health Center

**Agency** Same

**Contact person(s)** Mary Mack, Deputy Executive Director

**Address** P.O. Box 357
Ridgeland, SC 29901

**Telephone** 803-525-8100

**Population served** Low-income, rural community of the Sea Islands

**Funding source(s)** Federal grants

**Program description** The Beaufort Jasper Health Center has a maternity and infant health care project that focuses on the need for increased capacity, education, nutrition counseling, and assistance in obtaining Medicaid benefits. The center builds upon its current delivery and case management system of care. It also provides pediatric and internal medical services as well as home health and primary care services to the community it serves.

**Program effectiveness** The maternal health care project has made a significant impact on the targeted population.

# South Carolina

## CWTAH
## (Children With Teachers At Home)

**Agency** District One Schools

**Contact person(s)** Carolyn Gibson, Program Director

**Address** P.O. Box 218
Campobello, SC 29322

**Telephone** 803-472-2846

**Population served** Low-income, rural community with a 10% minority population

**Funding source(s)** Local, state, and federal funds, and the Mott Foundation

**Program description** CWTAH is a school-based program for families with children younger than 4. The program is designed to foster a better partnership between the home and school environment by working with parents of young children before they enter kindergarten. The program also seeks to increase children's school readiness. Project coordinators conduct informal needs assessments to identify families at risk for school failure based on the home environment, income, literacy, and so forth. Once families have been identified, home-school coordinators conduct home visits. At that time parents are given information about CWTAH and a packet of material on parenting. Coordinators also use this time to discuss any problems or questions parents may have about their child. Another component of the program is the Children and Parents School (CAPS) project—an early education program that provides child development training for parents of 3- and 4-year-olds. Parents attend one or two training workshops that cover age-appropriate materials and activities. They are then qualified to act as teachers in group sessions or in one-to-one sessions at home. The CWTAH staff consists of three professionals and one paraprofessional with training in early childhood education. Training is offered in collaboration with the Department of Education's parent education division. Bi-monthly in-service training is also offered to all staff members.

**Program effectiveness** CWTAH began in 1978 has been replicated in four other schools in the District One area. Due to funding cutbacks, the program has not been operating as originally designed since 1990. Aspects of the CWTAH program will be implemented in the fall of 1991 using retired teachers as volunteers for the home visit component.

# South Carolina

## FACES
## (Family, Adult and Children Educational Services)

**Agency** Beaufort County School District

**Contact person(s)** Kay Broxton, Parent Education Coordinator

**Address** Beaufort County School District
1300 King Street, Drawer 309
Beaufort, SC 29901

**Telephone** 803-525-4200

**Population served** Rural, low-income community

**Funding source(s)** Target 2000 Grant

**Program description** FACES was created to help children take full advantage of educational opportunities upon entering school by providing education, support, training, and intensive community-based care management parents of children, ages birth through 5. Parents of the children (identified through Child Find) are referred to existing services. The project provides training on basic literacy skill development and GED preparation classes. FACES encourages parents to volunteer at their child's school and to assist their children with learning activities. The Parents As Teachers concept is an integral part of the program.

**Program effectiveness** According to the parent education coordinator, FACES has made a difference in how parents view themselves as their child's primary teacher.

# South Carolina

## PACE
## (Program for Academic and Cultural Enrichment)

**Agency** Penn Center of the Sea Islands

**Contact person(s)** Emory S. Campbell, Executive Director

**Address** P.O. Box 126, Lands End Road
St. Helena Island, SC 29920

**Telephone** 803-838-2432

**Population served** Low-income, African-American children, ages 6 to 13

**Funding source(s)** Children's Trust Fund, United Way, and the Bargain Box of Hilton Head

**Program description** The Program for Academic and Cultural Enrichment (PACE) is a tutorial, after-school program created to help school-age children of the Sea Islands community who were exhibiting poor academic skills and apathy toward education. PACE is a skills-based program that provides students with the support they need to succeed in school. Because many students enrolled in the program have exhibited poor study habits, PACE tutors teach students how to study effectively and provide tutoring assistance in math, science, and reading to improve students' skills. PACE also offers students opportunities to learn more about the historically rich culture of the Sea Islands. To be eligible for the program students must have working parents who are not at home during study hours to assist with homework; guardians who are not educationally proficient to assist their children; or a home environment that is not conducive to studying. The students are also exposed to theatrical productions and participate in historical tours of the Sea Islands.

**Program effectiveness** According to the executive director, what is unique about the PACE program is the attention paid to the whole child. Activities and projects are designed to foster appreciation of knowledge, other people, and group efforts, and pride in the Sea Islands culture.

# *Tennessee*

## Breastfeeding Promotion and Support Project

**Agency** Department of Health and Environment

**Contact person(s)** Minda Lazarov, Director

**Address** State of Tennessee—Department of Health and Environment
Cordell Hull Building
Nashville, TN 37247

**Telephone** 615-741-7218

**Population served** Rural, low-income, Black families and their children

**Funding source(s)** Sprans grant, Department of Health and Environment

**Program description** This is a comprehensive, collaborative effort to educate parents in rural Tennessee on the benefits of breast-feeding and how it can save their children's lives. The project incorporates lay counselors, peers to the mothers enrolled in the project, who provide a support system. Mothers are provided with free diapers after completing the training sessions and a T-shirt saying "I Eat At Moms." Project activities include (1) a prenatal infant feeding survey; (2) prenatal peer group discussions; (3) a "promises" incentive program (providing diapers, etc.); (4) initiation of breast-feeding sessions and what to expect; (5) integration of project activities into the Women, Infants and Children (WIC) supplemental feeding program; (6) postpartum support and home visits; (7) local/regional workshops; (8) a manual breast pump loan program; and mother to mother support groups.

**Program effectiveness** The director stated that many mothers derived good feelings about themselves and their children, improved parenting skills, and developed a more responsible attitude about health care after participating in the project.

# *Tennessee*

## Operation "Bootstrap"

**Agency** Upper East Tennessee Head Start/Community Action Program

**Contact person(s)** Betsy Plank, Director

**Address** 301 Louis Street
Kingsport, TN 37662

**Telephone** 615-246-6180

**Population served** Rural, low-income families of Appalachia

**Funding source(s)** Head Start, Department of Human Services, and Section 8 Housing

**Program description** Operation "Bootstrap" was created to assist single heads of households develop job skills and become self-sufficient. Project participants receive comprehensive job skill training, and after completion of the course are provided with work opportunities through the Job Opportunities and Basic Skills (JOBS) program. Parents are also provided with peer support groups, counseling, and any additional health services for their children not available through Head Start.

**Program effectiveness** This collaborative project has been in operation since the fall 1990 and was replicated in two other counties. The goal is to replicate Operation "Bootstrap" in all eight Tennessee counties.

# *Tennessee*

## Parents in Prison Project

**Agency** Family Resource Center

**Contact person(s)** Patricia Lockett, Program Director

**Address** 5701 Knob Road
Nashville, TN 37209

**Telephone** 615-356-2159

**Population served** The program operates in the Tennessee State Prison for Men, just outside Nashville.

**Funding source(s)** State funds, corporate donations, private foundations, and special fund-raising events

**Program description** The Parents in Prison Project is designed to enable incarcerated parents to maintain a constructive relationship with their families and children. The program seeks to (1) provide information to inmate parents regarding child development, parenting techniques, and communication skills; (2) improve family interaction, both during and following the prisoner's absence; (3) increase the inmate's awareness of the impact of incarceration on his family; and (4) address community attitudes to prepare the inmate for reentry into the outside world. Figures indicate that over 80% of individuals serving prison sentences were abused as children, and that a high percentage of prisoners have been abusive to others. Therefore, the program seeks not only to strengthen and improve parent-child interaction, but to prevent child abuse and neglect in the next generation. Activities of the Parents in Prison project include two structured courses (to include one 9-week course called "Understanding Your Child"), three home study courses, a monthly event, a monthly rap session, and a number of special projects.

**Program effectiveness** The Parents in Prison Project is an innovative adaptation of parent support and education for an inmate population. The prisoners' involvement in the planning and operation of program seminars and workshops helps to ensure successful results and provides inmates with skills that will be useful after release.

# Tennessee

## Tennessee CAREs
## (Comprehensive Area Resource Efforts)

**Agency** Comprehensive Child Development Program

**Contact person(s)** Barbara Nye, Executive Director
Vickie Ballance, Project Manager

**Address** Tennessee State University
Center of Excellence
330 Tenth Avenue, North
Nashville, TN 37203

**Telephone** 615-251-1160

**Population served** Low-income, rural families in Western Tennessee

**Funding source(s)** State funds and the Comprehensive Child Development Program

**Program description** Tennessee CAREs is one of 22 Comprehensive Child Development Programs (CCDP) located throughout the United States. Each CCDP is locally designed and responds to the identified needs of enrolled families through family resource centers, child development programs, health services, job assistance, and other efforts. Families are supported by advocates, who serve as coaches and mentors for groups of families, along with parent educator teachers and other program personnel. The goal is to provide continuous, intensive, and comprehensive services for families and to support the entire family toward establishing and maintaining a promising and self-sufficient future. The following services are available to meet this goal: (1) family resource center; (2) child development programs; (3) health services; (4) job assistance, and so forth.

**Program effectiveness** According to the project manager, this 5-year research and demonstration project has positively impacted the lives of the target community. Tennessee CAREs supports families in a way that lets them strengthen themselves.

# *Texas*

## Avancé

**Agency** Same

**Contact person(s)** Gloria Rodriquez, Executive Director

**Address** 1226 Northwest 18th Street
San Antonio, TX 78207

**Telephone** 512-734-7924

**Population served** Predominantly low-income, Hispanic adults and children characterized by generations of poverty, parents with an 80% drop-out rate, and a lack of knowledge of child growth and development

**Funding source(s)** Federal, state, and local funds; foundations; and corporate contributions

**Program description** Avancé is a private, nonprofit organization whose main purpose is to strengthen and support families. It is also a comprehensive, community-based, family support and education program. Avancé operates in three ways: (1) by providing direct services to families with an eye toward strengthening the family unit, preventing child abuse and educational problems, and stabilizing family economic conditions; (2) by conducting research on the conditions and factors associated with poverty and other social/economic problems in high-risk communities; and (3) by operating a national training center to share and disseminate information to other service providers and policy makers.

**Program effectiveness** According to the executive director, upon completion of the parenting program, participants were found to be more hopeful about their future and more willing to assume an educational role with their children. Avancé hires many of its program graduates as permanent staff members.

## Barrio Comprehensive Family Health Center

**Agency** Same

**Contact person(s)** Cindy Benavides, Director

**Address** 1102 Barcoay
San Antonio, TX 78207

**Telephone** 512-434-2368

**Population served** Low- or no-income, inner-city families and their children living in the barrios of San Antonio. The population is primarily Hispanic.

**Funding source(s)** Public and private funds, the Meadow Foundation, and Maternity and Infant Health Improvement funds

**Program description** The Barrio Comprehensive Family Health Care Center's goal is to increase the number of women who receive early prenatal care in this community. The center conducts a public information campaign and provides outreach to housing projects and patient support through a network of lay volunteers. Comprehensive health care services are also provided.

**Program effectiveness** The Barrio Family Center has been providing services for nearly 10 years.

# *Texas*

## CEDEN
## (Center for the Development of Non-Formal Education)

**Agency** CEDEN Family Resource Center

**Contact person(s)** Emily Vargas Adams, Executive Director

**Address** 1208 East Seventh Street
Austin, TX 78702

**Telephone** 512-477-1130

**Population served** Minority families with young children. Ninety-seven percent of the families are Mexican-Americans or Mexican; the remaining three percent are African-American.

**Funding source(s)** Private foundations, state funds, and media sales

**Program description** CEDEN is a community-based, bilingual learning center for early childhood, adult, and family education. It is based on a successful model that has been operating in Bogota, Colombia since 1972. Goals of the program are to attack the basic causes of family poverty, to prevent and reverse delays in child development, to strengthen family support systems, and to improve intercultural understanding. These goals are based on the philosophy that parents are their children's best teachers and can be guided to provide them with optimal learning environments. CEDEN's parent-child program consists of frequent home visits and monthly group sessions for families or caregivers of children from birth to 3. The child's developmental status and home environment, as well as her or his parents' knowledge of child development, educational attainment, income level, and employment status are all taken into account during the assessment. The curriculum used in planning the family's activities is based on a three-part model of child development that emphasizes health, nutrition, and infant stimulation. The program maintains a toy lending library for use by all families. Additionally, a family assistance program helps to provide emergency food, clothing, and other resources to needy families in the community.

The center has a number of resources on child development, parenting, and health-related topics available for purchase in both English and Spanish.

**Program effectiveness** CEDEN's success is based on a comprehensive curriculum, the use of trained home visitors from the community, and the production and use of materials that reflects the specific sociocultural attitudes, values, and language patterns of barrio residents.

# EPISO
## (El Paso Interreligious Sponsoring Organization)

**Agency** Same

**Contact person(s)** Sister Maribeth Larkin, Lead Organizer

**Address** 4317 Montana Street
El Paso, TX 79903

**Telephone** 915-564-5757

**Population served** Predominantly low-income, Hispanic families and their children living in the colonias and barrios along the Texas/Mexico border

**Funding source(s)** Churches, state and local funds, and private business contributions

**Program description** EPISO is a church-based, community organization that empowers families to make decisions that affect their lives. EPISO is committed to a nonpartisan approach to change. While the project does not support candidates, it does support issues that affect families. EPISO brings together groups with mutual interests from various areas of El Paso so that together they can be an effective force in the community.

Following is an outline of EPISO action plans for this targeted population: Education—provide opportunities for higher education for children of low-income and working class families by creating a capital pool for tuition and book scholarships and increasing federal and state funding for preschool children; Housing; Capital Improvements; Health Care; and Colonias—establish a pool of local, state, and federal monies for water and sewer development in El Paso's rural areas. There are about 350 colonias with about 60,000 people living without potable water or sewage systems. Water is so contaminated by the lack of any sewage system that it affects the health of nearly all residents of this community. In some colonias the tuberculosis rate is about 90%, and there is a very high rate of hepatitis. EPISO is also involved in a task force addressing a critical lack of health services outside the city limits of El Paso.

**Program effectiveness** Support services, including primary health care, can be abysmal in this targeted population, but EPISO was active in lobbying for passage of indigent health care legislation. As a result of the bill, primary care services are now available to some small towns through satellites of Centro Medico del Valle, another community health center serving this community.

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# Kid Care Homeless Feeding Program

**Agency** Kid Care, Inc.

**Contact person(s)** Kurt Porter, Co-Director
Carol Porter, Co-Director

**Address** 4504 Old Yale
Houston, TX 77018

**Telephone** 713-692-3663

**Population served** Inner-city children and their families of Wards 3 and 5—primarily impoverished communities with predominantly Black and Hispanic populations

**Funding source(s)** Private donations and foodstuff from a local grocery chain

**Program description** This grass-roots program began from the Porter's kitchen in 1984 and became incorporated in 1989. Carol Porter was working in a Houston hospital as a registered nurse and was appalled at the number of children dying of malnutrition who came to the hospital seeking care. She and her husband decided to do something and began distributing food to homeless children in Wards 3 and 5. The family developed a "meals on wheels" program for homeless and low-income families and has adopted a housing project where the Porters provide hot meals to about 25 families. Kid Care, Inc. also provides a Food Pantry Service and a Saturday Feeding Program.

**Program effectiveness** Carol Porter stated that the program has grown from a single family addressing an acute need to one that also provides clothing and other emergency items. Kid Care, Inc. is planning to open a child care center in the future.

# *Utah*

## Family Centered Coordinated Early Intervention Systems for Navajo Children and Families

**Agency** Early Intervention Research Institute
University Affiliated Developmental Center of Handicapped Persons

**Contact person(s)** Richard N. Roberts, Co-Director

**Address** Utah State University
Logan, UT 84322-6580

**Telephone** 801-750-1172

**Population served** Families with young children, birth through age 3, who reside on Navajo reservations

**Funding source(s)** Public and private grants

**Program description** The project was created to improve the health and developmental status of young Navajo children with special health needs and decrease the infant mortality and morbidity in three locations in the Navajo Nation, establish family health and development centers, and establish parent-to-parent networks. Other objectives of this project are to improve collaboration and planning efforts between surrounding states and federal agencies responsible for services on the reservation; augment and coordinate preservice and in-service training programs; and develop and install an evaluation system that provides feedback on program quality, costs, and effects on services and resources available to families and children in the system. The project objectives will be met through coordination between tribal agencies, state agencies, and local service providers.

**Program effectiveness** The program is awaiting the development of demonstration sites in order to further evaluate project effectiveness.

# *Washington*

## COAP
## (Children of Alcoholic Parents)

**Agency** Spokane County Head Start

**Contact person(s)** Leona DeMonnin, Project Director

**Address** 4410 North Market
Spokane, WA 99207-5829

**Telephone** 509-536-8044

**Population served** Head Start eligible children, with some Native American children enrolled

**Funding source(s)** Head Start

**Program description** COAP is an early intervention program that addresses alcoholism for preschoolers and parents with the hope of offering a comprehensive curriculum to increase the survival skills of children of alcoholics. The program provides tools and processes in which these children take more responsibility for themselves as they feel less responsibility for the adults in their lives. Preschool children have rarely been the target of such services and seldom are even identified before the age of 12. The nature of the alcoholic home makes early identification difficult. Families often deny the problem of alcohol. They maintain an aura of secrecy because they lack information and knowledge about alcoholism as a disease. The Children of Alcoholic Parents program is specifically designed for preschoolers ages 3 and 4 in a support group setting. These support groups are most effective when limited to 10 children with one group facilitator. Children are pulled out of the classroom to emphasize that special work needs a special place. Support groups are small and structured and are devoted to activities and stories about the use of alcohol by family members. Children have the opportunity to express their feelings, enhance their self-esteem, and learn techniques to ensure their safety in the home. The project has a developmentally appropriate curriculum. Project materials could be used by any community group interested in working with young children from alcoholic families.

**Program effectiveness** COAP was developed by the project director after seeing how alcoholism impacted the quality of life of the preschoolers she was enrolling in Head Start. This is a new project, but, according to the project director, has been well received by families and Head Start staff.

# *Washington*

## Ina Maka Family Program

**Agency** United Indians of All Tribes Foundation

**Contact person(s)** Arlene Red Elk, Support Services Counselor

**Address** 1945 Yale Place East
Seattle, WA 98102

**Telephone** 206-325-0070

**Population served** Native American children and their families from urban and rural communities, as well as those living on reservations

**Funding source(s)** Bureau of Indian Affairs and the State of Washington

**Program description** The Ina Maka Family Program was created to promote the stability of Indian families in the Seattle/King County area by providing a comprehensive program of family centered counseling; and promoting healthy growth, maturation, and development toward a stable, productive family environment. Strategies are developed to reunite families whenever possible. Therapeutic sexual/drug/alcohol abuse counseling for children is an integral part of the program.

**Program effectiveness** The Director feels the high level of community trust is a good indicator that the program is successfully addressing a need. The program has been in operation for 3 years.

# *Washington*

## Project Home Base

**Agency** Yakima School District

**Contact person(s)** Carol Ann Forsberg, Early Childhood Staff Coordinator

**Address** Yakima School District
Early Childhood Center
104 North Fourth Avenue
Yakima, WA 98902

**Telephone** 509-575-3295

**Population served** Rural community that is predominantly White and about one-fourth Hispanic (mostly settled migrant farmworkers)

**Funding source(s)** State of Washington, Chapter 1 monies, and local levies

**Program description** Project Home Base is an early childhood, preschool program designed for disadvantaged families in the Yakima School District whose children have developmental delays. The central feature of this project is a weekly home teaching visit with the parent and child by the parent educator. Each visit lasts 45 minutes to 1 hour. The goal is to enhance the parent's teaching and parenting skills, while developing the child's intellectual skills and encouraging language and perceptual/motor growth. Home visits are supplemented by special events and occasional workshops. Project Home Base is for children in kindergarten through third grade and is adapted from the University of Florida's Infant and Parent Education model developed by Ira Gordon. Home Base for birth to 5-year-olds originated in 1971 with federal Title III funding, using a similar teacher-to-parent home visit model. Families are asked to make a commitment of 2 years to the program.

**Program effectiveness** Based on kindergarten entrance scores, siblings of previously delayed youngsters are doing better than their siblings after having participated in Project Home Base.

# *Washington*

## Puget Sound Neighborhood Health Centers

**Agency** Same

**Contact person(s)** Julie Boden-Schmidt, Director

**Address** 905 Spruce Street, Suite 201
Seattle, WA 98104

**Telephone** 206-461-6935

**Population served** Rural, low-income families and their children, with a special outreach to Native American women

**Funding source(s)** Maternal and Child Health grants, business and foundation grants, and public and private donors

**Program description** The Puget Sound Neighborhood Health Centers (PSNHC) is a nonprofit, community health organization with three dental clinics and two medical clinics. The primary focus of the health centers is on preventive care. Their ultimate goal is to support and educate patients so families can stay healthy. To achieve this goal centers participate in a joint maternity and infant health care project with other Seattle area health centers to enhance each center's perinatal care network and prenatal care programs. This project enables centers to strengthen many aspects of the perinatal network, particularly the centers' ability to provide services to Native American women. This collaborative initiative provides ethnically and culturally sensitive patient support services; improves access to financial resources for families; and provides prenatal care, including services to high-risk patients and their children.

**Program effectiveness** According to the director the maternity and infant health care project has given PSNHC the capability to deliver 200 babies in a joint effort with Virginia Mason Hospital. In recognition of the specific needs of pregnant women in their communities, a full team approach has been developed that includes nurse midwives, nurses, social workers, nutritionists, and educators.

# *West Virginia*

## "Making It Work"

**Agency** W.G. Klingberg Center for Child Development

**Contact person(s)** Chet Johnson

**Address** Department of Pediatrics/Child Development
West Virginia University
Health Sciences Center
Morgantown, WV 26506

**Telephone** 304-293-7331

**Population served** Rural, low-income families and their children of Appalachia

**Funding source(s)** Sprans grant and state and local funds

**Program description** The "Making It Work" project is a collaborative effort developed by parents of children with special needs, representatives of the W.G. Klingberg Center for Child Development, and others in response to P.L. 99-457. The goal of the project is to improve the overall system of health care delivery for this target population. The project is designed to provide individualized family empowerment training; strengthen the Handicapped Children's Services system of case management; provide coordinated medical and educational evaluations; and emphasize the development of a primary "medical home" for every child with special needs. Parental involvement plays a key role in the project. Unfortunately, the severe financial difficulties of West Virginia have resulted in a reduction of the few health care services that were available.

**Program effectiveness** The program was highlighted in *Childlink* magazine as a successful model to replicate.

# Indian Health Board Center of Milwaukee

**Agency** Same

**Contact person(s)** Jackie Schellinger, Director

**Address** 930 North 27th Street
Milwaukee, WI 53208

**Telephone** 414-931-8111

**Population served** Inner-city, minority families and their children

**Funding source(s)** Maternal and Child Health grants

**Program description** The Indian Health Center of Milwaukee has developed a maternity and infant child health project designed to reduce fragmented and incomplete health care for patients in inner-city Milwaukee, particularly African-American and Native American families and their children. Project goals are to increase early use of prenatal care and patient compliance levels, and to increase the proportion of patients receiving preventive health care. The center provides the following services to the targeted population: risk assessment, health education, enrollment in the Women, Infants and Children (WIC) supplemental food program, and linkages to social services and support groups.

**Program effectiveness** The Indian Health Board Center emphasizes preventive health care and encourages families to follow this focus, especially for the children and adolescents seen at the center.

# *Wisconsin*

## WINGS
## (Wisconsin Indian Network for Genetic Services)

**Agency** University of Wisconsin-Madison

**Contact person(s)** David Jones, Director

**Address** 104 Genetics
University of Wisconsin-Madison
445 Henry Mall
Madison, WI 53706

**Telephone** 608-262-1006

**Population served** 11 tribes in Wisconsin residing in rural and urban communities

**Funding source(s)** Sprans grant

**Program description** The Wisconsin Indian Network for Genetic Services (WINGS) is a medical model that brings health care specialists to the reservations to address chronic and disabling health care needs of Indian children and their families. The program trains tribal paraprofessionals as child care specialists. WINGS provides free diagnostic clinics on reservations; assists the child, family, and community in finding ongoing resources; trains and supports tribal Child Development Representatives; facilitates a parent support group for training and advocacy; and educates the community about children with special health care needs. A Family Service Plan is drawn up by the tribal representative, WINGS staff, a nurse, and the parents or guardian of the child to ensure effective case management.

**Program effectiveness** WINGS has been in operation for 3 years and, according to the director, has developed a trusting relationship with the diverse tribal groups serviced through the project.

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# Annotated List of Selected Resource Groups

**Advocates for Infants and Mothers, Inc., (AIM)**, Loretta Commodore, Executive Director/Founder, P.O. Box 32316, Washington, DC 20007. 202-333-0737
AIM is a nonprofit, non-denominational membership movement that is committed to providing an alternative to conventional foster care for this nation's most helpless citizens: abandoned, abused, and neglected children.

**Alliance To End Childhood Lead Poisoning,** Heidie M. Klein, Public Health Educator, 600 Pennsylvania Avenue, S.E., Suite 100, Washington, DC 20003. 202-543-1147
The Alliance is a national, nonprofit, public interest organization created to launch a comprehensive attack on the epidemic of childhood lead poisoning. The Alliance is dedicated to ending this childhood epidemic through education, public support, technical assistance, and advocacy.

**American Academy of Pediatric Dentistry,** John A. Bogert, D.D.S., Executive Director, 211 East Chicago Avenue, Chicago, IL 60611. 312-337-2169
The American Academy of Pediatric Dentistry is dedicated to improving the oral health of infants, children, and adolescents. Free public information is available upon request.

**American Academy of Pediatrics,** James E. Strain, M.D., Executive Director. Contact: Candance Croft, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007. 312-228-5005
The Academy is heavily involved in public education, teaching parents and children about the importance of medical care, both preventive and therapeutic, as well as providing pamphlets and information for parents on a variety of children's common health problems.

**American Indian Health Care Association (AIHCA)**, William LaRoque, Executive Director, 245 East Sixth Street, Suite 815, St. Paul, MN 55101. 612-293-0233
AIHCA was established to improve the health care of Native Americans through health care forums, management, and personnel training and development. AIHCA consists of 37 member cities and promotes health information to more than 42 affiliates.

**American Speech-Language-Hearing Association,** 10801 Rockville Pike, Rockville, MD 20852. 301-897-5700
An organization of speech/language pathologists and audiologists providing services in schools and health care settings. Free public information related to human communication and its disorders is available.

**ASPIRA: Hispanic Community Mobilization for Dropout Prevention,** Janie Petrovich, National Executive Director, ASPIRA Association, Inc., National Office, 1112 16th Street, N.W., Washington, DC 20036. 202-835-3600

ASPIRA focuses on creating community awareness and providing practical information to Hispanic parents to help them be more effective participants in their children's education.

**Association for the Care of Children's Health (ACCH),** Beverly H. Johnson, Executive Director, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814. 301-654-6549

An association of professionals and parents promoting health care for children and their families. ACCH also publishes a quarterly newsletter.

**Association for Maternal and Child Health Programs (AMCHP),** Catherine Hess, Director, 2001 L Street, N.W., Suite 308, Washington, DC 20036. 202-775-0436

The Association is a national, nonprofit organization that brings together public health programs addressing the needs of women in their reproductive years, and children and their families. Semi-monthly newsletters are available in addition to other publications relating to maternal and child health topics.

**Child Welfare League of America, (CWLA),** David S. Liberman, Executive Director. Contact: Mary Suarez, Director of Library/Information Services, 440 First Street, N.W., Suite 310, Washington, DC 20001-2085. 202-638-2952

The Child Welfare League of America is a voluntary membership organization that develops and promotes standards to improve child welfare practices that make life better for troubled children, youth, and their families. CWLA produces policy and practice books, a scholarly journal, newsletters, and other publications.

**Children's Defense Fund (CDF),** Marian Wright Edelman, President, 122 C Street, N.W.,Suite 400, Washington, DC 20001. 202-628-8787

The Children's Defense Fund is an advocacy organization that exists to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak out for themselves. CDF publishes a number of reports and publications on the status of children in America. A publications catalog is available.

**Family Resource Coalition,** Judy Langford Carter, Executive Director, 200 S. Michigan Avenue, Suite 1520 Chicago, IL 60604-2404. 312-341-0900

The Family Resource Coalition provides information and related resources about community-based family programs in North America.

**Institute for Educational Leadership (IEL),** Michael Usdan, President, 1001 Connecticut Avenue, N.W., Suite 310, Washington, DC 20036. 202-822-8405

An independent, nonprofit, educational organization that develops and supports leaders who work together to support and improve the educational opportunities

for all children and youth. IEL publishes a number of Occasional Papers on Leadership and other related publications.

**Joint Center for Political and Economic Studies, Inc.,** Eddie N. Williams, President, 1301 Pennsylvania Avenue, N.W., Suite 400, Washington, DC 20004-1797. 202-626-3500

The Joint Center is a nonpartisan, nonprofit institution created to address the plight of the indigent and expand the scope of policies that could be used to address and eliminate poverty in America. *Poverty, Inequality and the Crisis of Social Policy* is a comprehensive report published by the Joint Center.

**Mental Health Law Project**, Margaret Lorber, Director of Early Intervention Advocacy. Contact: Leticia Patino, Early Intervention Program Attorney, 1101 Fifteenth Street, N.W., Suite 1212, Washington, DC 20005-5002. 202-467-5730

MHLP convened a task group called "Early Intervention Family-Empowerment Task Force for the Traditionally Underserved" to raise national consciousness regarding states' statutory obligation to reach, serve, and guarantee the rights of low-income and minority families participating in the federal Infant Toddler (Part H) program. MHLP publishes issue papers and newsletters (*Notebook*) on related issues.

**National Association of Community Health Centers, Inc.,** Thomas Van Coverden, Executive Director, 1330 New Hampshire Avenue, N.W., Suite 122, Washington, DC 20036. 202-659-8008

Community health centers provide basic primary medical services to persons located in rural and urban areas with financial, geographic, or cultural barriers to health care.

**National Black Child Development Institute (NBCDI),** Evelyn K. Moore, Executive Director, 1463 Rhode Island Avenue, N.W., Washington, DC 20005. 202-387-1281

The National Black Child Development Institute was established to improve the lives of African-American children by addressing the issues of child development, child welfare, education, health, and research for this targeted population. NBCDI publishes a quarterly newsletter, *The Black Child Advocate*, as well as reports and publications on related topics.

**National Center for Children in Poverty (NCCP),** Judith Jones, Executive Director, Early Childhood Programs, Columbia University School of Public Health, 154 Haven Avenue, New York, NY. 212-927-8793

The Center provides activities that develop and strengthen programs and policies that will help children younger than 6 who live in poverty. The Center has a comprehensive resource library and information service on topics relating to children living in poverty available to the public for a nominal fee.

**National Center for Clinical Infant Programs (NCCIP),** Eleanor S. Szanton, Executive Director. Contact: Carol Berman, Associate Director, 733 15th Street, N.W., Suite 912, Washington, DC 20005. 202-347-0308

NCCIP provides a fellowship program to foster future leaders in the health care field; oversees national and regional training institutes; publishes a bulletin, *Zero to Three*, to disseminate information related to health care needs of infants, toddlers, and their families; and promotes a national focus on family-centered, community-based, coordinated care for children with special health care needs through a new program called "Promoting Success in Zero to Three Services: A National Resource Center for Infants and Toddlers with Special Health Care Needs."

**National Commission to Prevent Infant Mortality**, Rae Grad, Executive Director, Switzer Building, Room 2014, 330 C Street, S.W., Suite 2006, Washington, DC 20201. 202-472-1364

The Commission focuses its work and reports on existing programs and policies directed at the health of women of childbearing age and their families. *Death Before Life: The Tradgedy of Infant Mortality* is one of many comprehensive reports prepared by the Commission and available for order.

**National Committee for Prevention of Child Abuse**, Anne H. Cohn, Executive Director, 332 South Michigan Avenue, Suite 950, Chicago, IL 60604-4357. 312-663-3520

NCPCA serves as an information and referral source for all who seek knowledge about child abuse. The Committee publishes and distributes a wealth of information on child abuse issues.

**National Head Start Association,** Don Bolce, Director of Government Affairs, 1220 King Street, Suite 200, Alexandria, VA 22314. 703-739-0875

A national membership organization dedicated to representing the concerns of the Head Start community. The NHSA published a Report of the Silver Ribbon Panel with recommendations for Head Start in the 1990s.

**National Health/Education Consortium,** Contact: National Commission to Prevent Infant Mortality, Rae K. Grad, Executive Director, Switzer Building Room 214, 330 C Street, N.W., Washington, DC 2020l. 202-472-1364; or the Institute for Educational Leadership, Michael Usdan, President, 1001 Connecticut Avenue, N.W., Suite 310, Washington, DC 20036. 202-822-8405

This consortium was convened by the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership to bring together leaders from numerous national health and education membership organizations. The objective is to design strategies to more effectively integrate health and education services and programs for children in this country. The Consortium publishes a series of papers on related topics, such as *"Crossing the Boundaries between Health*

*and Education,"* a report that documents the need for coordinated health and education services and programs and provides a blueprint for shaping the work of the Consortium.

**National Information Center for Handicapped Children and Youth (NICHCY),** P.O. Box 1492, Washington, DC 20013. 202-893-6061

Free information service to ensure that all children and youth with disabilities have better opportunities to reach their fullest potential. Services include personal response to questions, referral to other organizations, information packets, publications, and technical assistance to parents and/or professional groups.

**National Migrant Resource Program, Inc.,** E. Roberta Ryder, Executive Director. Contact: Dana Mazur, 2512 South IH35, Suite 220, Austin, TX 78704. 512-447-0770

The National Migrant Resource Program facilitates the exchange of medical information among community-based, migrant health centers in order to achieve continuity of health care for migrant farmworkers and their families nationwide. A resource catalog is available on request.

**The National Rural Development Institute,** Doris Heige, Executive Director, Western Washington University, Miller Hall 359, Bellingham, WA 98225. 206-676-3576

The Institute recently published a study, *The National Study Regarding Rural, Suburban, and Urban At-Risk Students,* that shows rural children are more likely to be at risk than their counterparts in cities and suburbs.

**The Office for Substance Abuse Prevention (OSAP),** Elaine Johnson, Director. Contact: Information Services, P.O. Box 2345, Rockville, MD 20852. 301-468-2600 or 800-729-6686

The Office for Substance Abuse Prevention was created by the Anti-Drug Act of 1986 to lead the Federal Government's efforts to reduce the demand for illicit drugs and prevent alcohol and other drug problems in the United States. OSAP supports community-based prevention programs through grant programs and on-site consultation.

**The Ounce of Prevention Fund**, Harriet Meyer, Executive Director, 188 West Randolph, Suite 2200, Chicago, IL 60601. 312-853-6080

The Ounce of Prevention Fund promotes the well-being of children and adolescents by working with families, communities, and policy makers on their behalf. The Fund targets communities with limited resources in order to promote healthy child development rather than treat problems later in life. The Fund also designs and develops new programs based on evaluation, research, and experience.

**Sickle Cell Disease Foundation of Greater New York,** 127 West 127th Street, Room 421, P.O. Box 5579, New York, NY 10027. 212-865-1500

The Foundation is a support base for local chapters, who provide services as well as information to educate the public about the disease.

**United Way of America,** William Aramory, President, 701 North Fairfax Street, Alexandria, VA 22314-2045. 703-836-7100

United Way of America supports a diverse selection of health and human care services. The United Way Board of Governors has recently published a report on Children At-Risk highlighting the critical needs of this targeted group.

# Federal Programs

## Aid to Families with Dependent Children (AFDC)

Aid to Dependent Children, established by the Social Security Act of 1935, was a cash grant program enabling states to assist children who had no fathers and were in need. It was renamed Aid to Families with Dependent Children (AFDC) in 1965. This program now provides welfare for children in need and their mothers or other caregiver relatives in all 50 states and the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Children are eligible if they have been deprived of parental support or care because their single mother or father is either continuously absent from home, incapacitated, unemployed, or deceased. In addition, 28 jurisdictions provide federal cash supplements to two-parent households in which one parent's unemployment creates such a need. Each state defines *need*, sets its own benefit levels, establishes income and resource limits within federal guidelines, and administers and supervises program administration.

## Community and Migrant Health Centers

The federal Community and Migrant Health Centers program gives grants to medically underserved communities to develop comprehensive primary care centers. The program's mission is to ensure appropriate, comprehensive, primary care for low-income individuals. To make care affordable, the program uses income-adjusted fee scales and provides free care to the lowest-income people. Insufficient federal funds restrict the development of comprehensive health centers in more of our nation's medically underserved communities.

## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program

A state and federally funded, state-administered, preventive health care program that mandates screening and follow-up of Medicaid-eligible infants and children for any illnesses, abnormalities, or treatable conditions.

## Head Start

A federal program started in 1965 that provides educational, social, nutritional, and medical services to low-income preschool children. The Administration for Children, Youth and Families, of the U.S. Department of Health and Human Services, oversees the program, but local Head Start agencies are responsible for operations in their own areas.

## Maternal and Child Health (MCH) Services Block Grant program

A federal block grant program authorized under Title V of the Social Security Act of 1965 that provides health services to mothers (e.g., prenatal care) and children (e.g., well-child care). Created by the Omnibus Budget Reconciliation Act of 1981, the MCH block grant consolidated several categorical grant programs into one program.

## Medicaid

Medicaid was authorized under Title XIX of the Social Security Act of 1965 as a means-tested entitlement program for medical assistance vendor payments. It was designed "to furnish medical assistance on behalf of needy families with dependent children, and of aged, blind, or permanently and totally disabled individuals whose incomes and resources are insufficient to meet the costs of necessary medical services." The categorically eligible groups for this health insurance program are those receiving or eligible to receive AFDC or SSI, those whom states elect to cover who meet financial criteria but not other criteria, and those whom states elect to cover who meet categorical criteria but exceed the financial criteria (such as the medically needy). Medicaid benefits vary from state to state because of differing need and payment standards.

## Special Supplemental Food Program for Women, Infants and Children (WIC)

This federal program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5. Participants in the program must have incomes at or below the 185% poverty level, and must be nutritionally at risk.

# Bibliography


Children's Defense Fund. (1977). *EPSDT: Does it spell health care for poor children?* Washington, DC: Children's Defense Fund.

Children's Defense Fund. (1989). *The health of America's children: Maternal and child health data book.* Washington, DC: Children's Defense Fund.

Coles, R. (1971). *Migrants, sharecroppers, mountaineers (Volume II of Children of crisis).* Boston: Little, Brown and Company.

Committee for Economic Development, Research and Policy Committee. (1987). *Children in need: Investment strategies for the educationally disadvantaged.* New York, NY: Committee for Economic Development.

Gortmaker, S.L. (1981). Medicaid and the health care of children in poverty and near poverty. *Medical Care, 19*(6) 567–582.

Kagan, S.L., Powell, D.R., Weissbourd, B., & Zigler, E.F. (Eds.). (1987). *America's family support programs: Perspectives and prospects.* New Haven, CT: Yale University Press.

Klerman, I.V., & Parker, M. (1990). *Alive and well? A review of health policies and programs for young children.* New York, NY: National Center for Children in Poverty.

National Association of Community Health Centers. (1991). *Access to community health care.* Washington, DC: National Association of Community Health Centers.

National Center for Children in Poverty. (1990). *Five million children: A statistical profile of our poorest young citizens.* New York: Author.

National Commission to Prevent Infant Mortality: (1988). *Death before life: The tragedy of infant mortality.* Washington, DC: National Commission to Prevent Infant Mortality.

Porter, K.H. (1989). *Poverty in rural America: A national overview.* Washington, DC: Center on Budget and Policy Priorities.

Schorr, L.B., & Schorr, D. (1988). *Within our reach: Breaking the cycle of disadvantage.* New York, NY: Doubleday.

Washington, V., & LaPoint, V. (1988). *Black children and American institutions: An ecological review and resource guide.* New York & London: Garland Publishing, Inc.

Weatherley, R., Perlman, S., Levine, M., & Klerman, L. (1985, September). *Patchwork programs: Comprehensive services for pregnant and parenting adolescents.* Seattle, WA: Center for Social Welfare Research, School of Social Work, University of Washington.

Zigler, E.F., Weiss, H.B., & Kagan, S.L. (1983). *Programs to strengthen families: A resource guide.* New Haven, CT: Family Resource Coalition.

# *About NAEYC*

## NAEYC is. . .

a membership-supported organization of people committed to fostering the growth and development of children from birth through age 8. Membership is open to all who share a desire to serve and act on behalf of the needs and rights of young children.

## NAEYC provides. . .

educational services and resources to adults who work with and for children, including

- ***Young Children,*** *the* journal for early childhood educators
- **Books, posters, brochures,** and **videos** to expand your knowledge and commitment to young children, with topics including infants, curriculum, research, discipline, teacher education, and parent involvement
- An **Annual Conference** that brings people from all over the country to share their expertise and advocate on behalf of children and families
- **Week of the Young Child** celebrations sponsored by NAEYC Affiliate Groups across the nation to call public attention to the needs and rights of children and families
- **Insurance plans** for individuals and programs
- **Public affairs information** for knowledgeable advocacy efforts at all levels of government and through the media
- The **National Academy of Early Childhood Programs,** a voluntary accreditation system for high quality programs for children
- The **National Institute for Early Childhood Professional Development,** providing resources and services to improve professional preparation and development of early childhood educators
- The **Information Service,** a centralized source of information sharing, distribution, and collaboration

**For free information** about membership, publications, or other NAEYC services, call NAEYC at 202-232-8777 or 800-424-2460. Or, write to the National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, DC 20009.